

<b>United States Bankruptcy Court Northern District of Illinois</b>							<b>Voluntary Petition</b>	
Name of Debtor (if individual, enter Last, First, Middle): <b>Noval, Nonette N</b>				Name of Joint Debtor (Spouse) (Last, First, Middle):				
All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names):				All Other Names used by the Joint Debtor in the last 8 years (include married, maiden, and trade names):				
Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all): <b>5442</b>				Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all):				
Street Address of Debtor (No. & Street, City, State & Zip Code): <b>1444 S Austin 2nd Floor Cicero, IL</b>				Street Address of Joint Debtor (No. & Street, City, State & Zip Code):				
ZIPCODE <b>60804</b>				ZIPCODE				
County of Residence or of the Principal Place of Business:				County of Residence or of the Principal Place of Business:				
Mailing Address of Debtor (if different from street address)				Mailing Address of Joint Debtor (if different from street address):				
ZIPCODE				ZIPCODE				
Location of Principal Assets of Business Debtor (if different from street address above):								
ZIPCODE								
<b>Type of Debtor</b> (Form of Organization) (Check <b>one</b> box.) <input checked="" type="checkbox"/> Individual (includes Joint Debtors) <i>See Exhibit D on page 2 of this form.</i> <input type="checkbox"/> Corporation (includes LLC and LLP) <input type="checkbox"/> Partnership <input type="checkbox"/> Other (If debtor is not one of the above entities, check this box and state type of entity below.) _____			<b>Nature of Business</b> (Check <b>one</b> box.) <input type="checkbox"/> Health Care Business <input type="checkbox"/> Single Asset Real Estate as defined in 11 U.S.C. § 101(51B) <input type="checkbox"/> Railroad <input type="checkbox"/> Stockbroker <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Clearing Bank <input type="checkbox"/> Other _____ <b>Tax-Exempt Entity</b> (Check box, if applicable.) <input type="checkbox"/> Debtor is a tax-exempt organization under Title 26 of the United States Code (the Internal Revenue Code).			<b>Chapter of Bankruptcy Code Under Which the Petition is Filed</b> (Check <b>one</b> box.) <input type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 9 <input type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 12 <input checked="" type="checkbox"/> Chapter 13 <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Main Proceeding <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Nonmain Proceeding _____ <b>Nature of Debts</b> (Check one box.) <input checked="" type="checkbox"/> Debts are primarily consumer debts, defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or house- hold purpose." <input type="checkbox"/> Debts are primarily business debts.		
<b>Filing Fee</b> (Check one box) <input checked="" type="checkbox"/> Full Filing Fee attached  <input type="checkbox"/> Filing Fee to be paid in installments (Applicable to individuals only). Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form 3A.  <input type="checkbox"/> Filing Fee waiver requested (Applicable to chapter 7 individuals only). Must attach signed application for the court's consideration. See Official Form 3B.				<b>Chapter 11 Debtors</b> <b>Check one box:</b> <input type="checkbox"/> Debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). <input type="checkbox"/> Debtor is not a small business debtor as defined in 11 U.S.C. § 101(51D). <b>Check if:</b> <input type="checkbox"/> Debtor's aggregate noncontingent liquidated debts owed to non-insiders or affiliates are less than \$2,190,000. ----- <b>Check all applicable boxes:</b> <input type="checkbox"/> A plan is being filed with this petition <input type="checkbox"/> Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).				
<b>Statistical/Administrative Information</b> <input checked="" type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors. <input type="checkbox"/> Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors.							<b>THIS SPACE IS FOR COURT USE ONLY</b>	
Estimated Number of Creditors <input checked="" type="checkbox"/> 1-49 <input type="checkbox"/> 50-99 <input type="checkbox"/> 100-199 <input type="checkbox"/> 200-999 <input type="checkbox"/> 1,000-5,000 <input type="checkbox"/> 5,001-10,000 <input type="checkbox"/> 10,001-25,000 <input type="checkbox"/> 25,001-50,000 <input type="checkbox"/> 50,001-100,000 <input type="checkbox"/> Over 100,000								
Estimated Assets <input checked="" type="checkbox"/> \$0 to \$50,000 <input type="checkbox"/> \$50,001 to \$100,000 <input type="checkbox"/> \$100,001 to \$500,000 <input type="checkbox"/> \$500,001 to \$1 million <input type="checkbox"/> \$1 million to \$10 million <input type="checkbox"/> \$10 million to \$50 million <input type="checkbox"/> \$50 million to \$100 million <input type="checkbox"/> \$100 million to \$500 million <input type="checkbox"/> \$500,000 to \$1 billion <input type="checkbox"/> More than \$1 billion								
Estimated Liabilities <input checked="" type="checkbox"/> \$0 to \$50,000 <input type="checkbox"/> \$50,001 to \$100,000 <input type="checkbox"/> \$100,001 to \$500,000 <input type="checkbox"/> \$500,001 to \$1 million <input type="checkbox"/> \$1 million to \$10 million <input type="checkbox"/> \$10 million to \$50 million <input type="checkbox"/> \$50 million to \$100 million <input type="checkbox"/> \$100 million to \$500 million <input type="checkbox"/> \$500,000 to \$1 billion <input type="checkbox"/> More than \$1 billion								

<b>Voluntary Petition</b> <i>(This page must be completed and filed in every case)</i>		Name of Debtor(s): <b>Noval, Nonette N</b>	
<b>Prior Bankruptcy Case Filed Within Last 8 Years</b> (If more than two, attach additional sheet)			
Location Where Filed: <b>None</b>	Case Number:	Date Filed:	
Location Where Filed:	Case Number:	Date Filed:	
<b>Pending Bankruptcy Case Filed by any Spouse, Partner or Affiliate of this Debtor</b> (If more than one, attach additional sheet)			
Name of Debtor: <b>None</b>	Case Number:	Date Filed:	
District:	Relationship:	Judge:	
<p style="text-align: center;"><b>Exhibit A</b></p> <p>(To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11.)</p> <p><input type="checkbox"/> Exhibit A is attached and made a part of this petition.</p>		<p style="text-align: center;"><b>Exhibit B</b></p> <p>(To be completed if debtor is an individual whose debts are primarily consumer debts.)</p> <p>I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter. I further certify that I delivered to the debtor the notice required by § 342(b) of the Bankruptcy Code.</p> <p style="text-align: right;"> <input checked="" type="checkbox"/> <b>/s/ Derek V Lofland</b> <span style="float: right;"><b>9/11/08</b></span>  <small>Signature of Attorney for Debtor(s) Date</small> </p>	
<p style="text-align: center;"><b>Exhibit C</b></p> <p>Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety?</p> <p><input type="checkbox"/> Yes, and Exhibit C is attached and made a part of this petition.</p> <p><input checked="" type="checkbox"/> No</p>			
<p style="text-align: center;"><b>Exhibit D</b></p> <p>(To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.)</p> <p><input checked="" type="checkbox"/> Exhibit D completed and signed by the debtor is attached and made a part of this petition.</p> <p>If this is a joint petition:</p> <p><input type="checkbox"/> Exhibit D also completed and signed by the joint debtor is attached a made a part of this petition.</p>			
<p style="text-align: center;"><b>Information Regarding the Debtor - Venue</b></p> <p style="text-align: center;">(Check any applicable box.)</p> <p><input checked="" type="checkbox"/> Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District.</p> <p><input type="checkbox"/> There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District.</p> <p><input type="checkbox"/> Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in a federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District.</p>			
<p style="text-align: center;"><b>Certification by a Debtor Who Resides as a Tenant of Residential Property</b></p> <p style="text-align: center;">(Check all applicable boxes.)</p> <p><input type="checkbox"/> Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following.)</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">(Name of landlord or lessor that obtained judgment)</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">(Address of landlord or lessor)</p> <p><input type="checkbox"/> Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and</p> <p><input type="checkbox"/> Debtor has included in this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition.</p> <p><input type="checkbox"/> Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(l)).</p>			

Voluntary Petition (This page must be completed and filed in every case)		Name of Debtor(s): <b>Noval, Nonette N</b>
<b>Signatures</b>		
<b>Signature(s) of Debtor(s) (Individual/Joint)</b> I declare under penalty of perjury that the information provided in this petition is true and correct. [If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under Chapter 7] I am aware that I may proceed under chapter 7, 11, 12 or 13 of title 11, United State Code, understand the relief available under each such chapter, and choose to proceed under chapter 7. [If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. § 342(b). I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.  <b>X</b> <u>/s/ Nonette N Noval</u> Signature of Debtor <b>Nonette N Noval</b>  <b>X</b> _____ Signature of Joint Debtor  _____ Telephone Number (If not represented by attorney) <b>September 11, 2008</b> Date	<b>Signature of a Foreign Representative</b> I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition. (Check only <b>one</b> box.)  <input type="checkbox"/> I request relief in accordance with chapter 15 of title 11, United States Code. Certified copies of the documents required by 11 U.S.C. § 1515 are attached.  <input type="checkbox"/> Pursuant to 11 U.S.C. § 1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.  <b>X</b> _____ Signature of Foreign Representative  _____ Printed Name of Foreign Representative  _____ Date	
<b>Signature of Attorney*</b>  <b>X</b> <u>/s/ Derek V Lofland</u> Signature of Attorney for Debtor(s) <b>Derek V Lofland 6280490</b> Printed Name of Attorney for Debtor(s) <b>Gleason &amp; Gleason</b> Firm Name <b>77 W Washington, Ste 1218</b> Address <b>Chicago, IL 60602</b> <b>(312) 578-9530</b> Telephone Number <b>September 11, 2008</b> Date  *In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect.	<b>Signature of Non-Attorney Petition Preparer</b> I declare under penalty of perjury that: 1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; 2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h) and 342(b); 3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19 is attached.  _____ Printed Name and title, if any, of Bankruptcy Petition Preparer  _____ Social Security Number (If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.) (Required by 11 U.S.C. § 110.)  _____ Address   <b>X</b> _____ Signature of Bankruptcy Petition Preparer or officer, principal, responsible person, or partner whose social security number is provided above.  _____ Date  Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual:   If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person. <i>A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both 11 U.S.C. § 110; 18 U.S.C. § 156.</i>	
<b>Signature of Debtor (Corporation/Partnership)</b> I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.  The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.  <b>X</b> _____ Signature of Authorized Individual  _____ Printed Name of Authorized Individual  _____ Title of Authorized Individual  _____ Date		

United States Bankruptcy Court  
Northern District of Illinois

IN RE:

Noval, Nonette N

Debtor(s)

Case No. \_\_\_\_\_

Chapter 13

**EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE  
WITH CREDIT COUNSELING REQUIREMENT**

**Warning:** You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors collection activities.

*Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.*

☒ 1. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. *Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency.*

☐ 2. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. *You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 15 days after your bankruptcy case is filed.*

☐ 3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the five days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. *[Must be accompanied by a motion for determination by the court.] [Summarize exigent circumstances here.]*

**If the court is satisfied with the reasons stated in your motion, it will send you an order approving your request. You must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy case and promptly file a certificate from the agency that provided the briefing, together with a copy of any debt management plan developed through the agency. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. A motion for extension must be filed within the 30-day period. Failure to fulfill these requirements may result in dismissal of your case. If the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing, your case may be dismissed.**

☐ 4. I am not required to receive a credit counseling briefing because of: *[Check the applicable statement.] [Must be accompanied by a motion for determination by the court.]*

- ☐ Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or mental deficiency so as to be incapable of realizing and making rational decisions with respect to financial responsibilities.);
- ☐ Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or through the Internet.);
- ☐ Active military duty in a military combat zone.

☐ 5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. § 109(h) does not apply in this district.

I certify under penalty of perjury that the information provided above is true and correct.

Signature of Debtor: /s/ Nonette N Noval

Date: September 11, 2008

**United States Bankruptcy Court  
Northern District of Illinois**

**IN RE:**

Case No. \_\_\_\_\_

**Noval, Nonette N**Chapter **13**

Debtor(s)

**SUMMARY OF SCHEDULES**

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors also must complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

NAME OF SCHEDULE	ATTACHED (YES/NO)	NUMBER OF SHEETS	ASSETS	LIABILITIES	OTHER
A - Real Property	Yes	1	\$ 0.00		
B - Personal Property	Yes	3	\$ 4,500.00		
C - Property Claimed as Exempt	Yes	1			
D - Creditors Holding Secured Claims	Yes	1		\$ 111.00	
E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E)	Yes	1		\$ 0.00	
F - Creditors Holding Unsecured Nonpriority Claims	Yes	2		\$ 42,198.00	
G - Executory Contracts and Unexpired Leases	Yes	1			
H - Codebtors	Yes	1			
I - Current Income of Individual Debtor(s)	Yes	1			\$ 3,964.11
J - Current Expenditures of Individual Debtor(s)	Yes	2			\$ 3,464.00
<b>TOTAL</b>		<b>14</b>	<b>\$ 4,500.00</b>	<b>\$ 42,309.00</b>	

Page 6 of 49  
**United States Bankruptcy Court**  
**Northern District of Illinois**

**IN RE:**

Case No. \_\_\_\_\_

**Noval, Nonette N**

Chapter **13**

Debtor(s)

**STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)**

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C. § 101(8)), filing a case under chapter 7, 11 or 13, you must report all information requested below.

☐ Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

**This information is for statistical purposes only under 28 U.S.C. § 159.**

**Summarize the following types of liabilities, as reported in the Schedules, and total them.**

Type of Liability	Amount
Domestic Support Obligations (from Schedule E)	\$ <b>0.00</b>
Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E)	\$ <b>0.00</b>
Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed)	\$ <b>0.00</b>
Student Loan Obligations (from Schedule F)	\$ <b>0.00</b>
Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E	\$ <b>0.00</b>
Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)	\$ <b>0.00</b>
<b>TOTAL</b>	\$ <b>0.00</b>

**State the following:**

Average Income (from Schedule I, Line 16)	\$ <b>3,964.11</b>
Average Expenses (from Schedule J, Line 18)	\$ <b>3,464.00</b>
Current Monthly Income (from Form 22A Line 12; <b>OR</b> , Form 22B Line 11; <b>OR</b> , Form 22C Line 20 )	\$ <b>5,978.68</b>

**State the following:**

1. Total from Schedule D, "UNSECURED PORTION, IF ANY" column		\$ <b>0.00</b>
2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column.	\$ <b>0.00</b>	
3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column		\$ <b>0.00</b>
4. Total from Schedule F		\$ <b>42,198.00</b>
5. Total of non-priority unsecured debt (sum of 1, 3, and 4)		\$ <b>42,198.00</b>

SCHEDULE A - REAL PROPERTY

Except as directed below, list all real property in which the debtor has any legal, equitable, or future interest, including all property owned as a cotenant, community property, or in which the debtor has a life estate. Include any property in which the debtor holds rights and powers exercisable for the debtor's own benefit. If the debtor is married, state whether the husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor holds no interest in real property, write "None" under "Description and Location of Property."

Do not include interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If an entity claims to have a lien or hold a secured interest in any property, state the amount of the secured claim. See Schedule D. If no entity claims to hold a secured interest in the property, write "None" in the column labeled "Amount of Secured Claim."

If the debtor is an individual or if a joint petition is filed, state the amount of any exemption claimed in the property only in Schedule C - Property Claimed as Exempt.

DESCRIPTION AND LOCATION OF PROPERTY	NATURE OF DEBTOR'S INTEREST IN PROPERTY	HUSBAND, WIFE, JOINT, OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION	AMOUNT OF SECURED CLAIM
None				
TOTAL			0.00	

(Report also on Summary of Schedules)

IN RE Noval, Nonette N

Debtor(s)

Case No.

(If known)

## SCHEDULE B - PERSONAL PROPERTY

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "x" in the appropriate position in the column labeled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether the husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor is an individual or a joint petition is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

**Do not list interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.**

If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property." If the property is being held for a minor child, simply state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m).

TYPE OF PROPERTY	N O N E	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT, OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
1. Cash on hand.	X			
2. Checking, savings or other financial accounts, certificates of deposit or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives.	X			
3. Security deposits with public utilities, telephone companies, landlords, and others.	X			
4. Household goods and furnishings, include audio, video, and computer equipment.		Household goods, including but not limited to: TVs, chairs, tables, sofas, bedroom furniture, some kitchen appliances.		750.00
5. Books, pictures and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles.	X			
6. Wearing apparel.		Clothing		250.00
7. Furs and jewelry.	X			
8. Firearms and sports, photographic, and other hobby equipment.	X			
9. Interest in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.	X			
10. Annuities. Itemize and name each issue.	X			
11. Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c).)	X			
12. Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars.	X			
13. Stock and interests in incorporated and unincorporated businesses. Itemize.	X			
14. Interests in partnerships or joint ventures. Itemize.	X			



IN RE **Noval, Nonette N**

Debtor(s)

Case No. \_\_\_\_\_

(If known)

**SCHEDULE B - PERSONAL PROPERTY**  
**(Continuation Sheet)**

TYPE OF PROPERTY	N O N E	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT, OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
15. Government and corporate bonds and other negotiable and non-negotiable instruments.	<b>X</b>			
16. Accounts receivable.	<b>X</b>			
17. Alimony, maintenance, support, and property settlements in which the debtor is or may be entitled. Give particulars.	<b>X</b>			
18. Other liquidated debts owed to debtor including tax refunds. Give particulars.	<b>X</b>			
19. Equitable or future interest, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property.	<b>X</b>			
20. Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.	<b>X</b>			
21. Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each.	<b>X</b>			
22. Patents, copyrights, and other intellectual property. Give particulars.	<b>X</b>			
23. Licenses, franchises, and other general intangibles. Give particulars.	<b>X</b>			
24. Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. § 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes.	<b>X</b>			
25. Automobiles, trucks, trailers, and other vehicles and accessories.		<b>2002 Ford Escape</b>		<b>3,500.00</b>
26. Boats, motors, and accessories.	<b>X</b>			
27. Aircraft and accessories.	<b>X</b>			
28. Office equipment, furnishings, and supplies.	<b>X</b>			
29. Machinery, fixtures, equipment, and supplies used in business.	<b>X</b>			
30. Inventory.	<b>X</b>			
31. Animals.	<b>X</b>			
32. Crops - growing or harvested. Give particulars.	<b>X</b>			

SCHEDULE B - PERSONAL PROPERTY

(Continuation Sheet)

TYPE OF PROPERTY	N O N E	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT, OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
33. Farming equipment and implements.	X			
34. Farm supplies, chemicals, and feed.	X			
35. Other personal property of any kind not already listed. Itemize.	X			
TOTAL				4,500.00

(If known)

Debtor elects the exemptions to which debtor is entitled under:  
(Check one box)

☐ Check if debtor claims a homestead exemption that exceeds \$136,875.

☐ 11 U.S.C. § 522(b)(2)

☒ 11 U.S.C. § 522(b)(3)

**SCHEDULE B - PERSONAL PROPERTY**

## 2002 Ford Escape

**735 ILCS 5 §12-1001(c)**

**735 ILCS 5 §12-1001(b)**

VALUE OF CLAIMED  
EXEMPTION

**2,400.00**

**1,100.00**

CURRENT VALUE  
OF PROPERTY  
WITHOUT DEDUCTING  
EXEMPTIONS

3,500.00

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is the creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor;" include the entity on the appropriate schedule of creditors, and complete Schedule H – Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Total the columns labeled "Amount of Claim Without Deducting Value of Collateral" and "Unsecured Portion, if Any" in the boxes labeled "Total(s)" on the last sheet of the completed schedule. Report the total from the column labeled "Amount of Claim Without Deducting Value of Collateral" also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion, if Any" on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE AND ACCOUNT NUMBER. <i>(See Instructions Above.)</i>	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
ACCOUNT NO. <b>62062124225421001</b> <b>Capital One Auto Finan</b> <b>3901 N Dallas Pkwy</b> <b>Plano, TX 75093</b>		<b>Installment account opened 2/03</b>				<b>111.00</b>	
		VALUE \$ <b>3,500.00</b>					
ACCOUNT NO.							
		VALUE \$					
ACCOUNT NO.							
		VALUE \$					
ACCOUNT NO.							
		VALUE \$					
Subtotal (Total of this page)						\$ <b>111.00</b>	\$
Total (Use only on last page)						\$ <b>111.00</b>	\$

0 continuation sheets attached

(Report also on  
Summary of  
Schedules.)

(If applicable, report  
also on Statistical  
Summary of Certain  
Liabilities and Related  
Data.)

IN RE Noval, Nonette N

Debtor(s)

Case No. \_\_\_\_\_

(If known)

## SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. Use a separate continuation sheet for each type of priority and label each with the type of priority.

The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m).

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

Report the total of amounts entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Report the total of amounts not entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts not entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☒ Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.

**TYPES OF PRIORITY CLAIMS** (Check the appropriate box(es) below if claims in that category are listed on the attached sheets)

☐ **Domestic Support Obligations**

Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1).

☐ **Extensions of credit in an involuntary case**

Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3).

☐ **Wages, salaries, and commissions**

Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$10,950\* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).

☐ **Contributions to employee benefit plans**

Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).

☐ **Certain farmers and fishermen**

Claims of certain farmers and fishermen, up to \$5,400\* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6).

☐ **Deposits by individuals**

Claims of individuals up to \$2,425\* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7).

☐ **Taxes and Certain Other Debts Owed to Governmental Units**

Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).

☐ **Commitments to Maintain the Capital of an Insured Depository Institution**

Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507(a)(9).

☐ **Claims for Death or Personal Injury While Debtor Was Intoxicated**

Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10).

\* Amounts are subject to adjustment on April 1, 2010, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

0 continuation sheets attached

IN RE **Noval, Nonette N**

Debtor(s)

Case No. \_\_\_\_\_

(If known)

## SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding unsecured nonpriority claims to report on this Schedule F.

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>3689</b> <b>Bank Of America</b> <b>Po Box 26012</b> <b>Greensboro, NC 27420</b>		<b>Revolving account opened 8/04</b>				<b>8,765.00</b>
ACCOUNT NO. <b>438864249686</b> <b>Cap One</b> <b>Po Box 5155</b> <b>Norcross, GA 30091</b>		<b>Revolving account opened 7/01</b>				<b>3,099.00</b>
ACCOUNT NO. <b>5903592597086582</b> <b>Capital One, N.a.</b> <b>2730 Liberty Ave</b> <b>Pittsburgh, PA 15222</b>		<b>Installment account opened 10/05</b>				<b>547.00</b>
ACCOUNT NO. <b>426684113711</b> <b>Chase</b> <b>800 Brooksedge Blvd</b> <b>Westerville, OH 43081</b>		<b>Revolving account opened 7/06</b>				<b>8,193.00</b>

<b>1</b> continuation sheets attached	Subtotal (Total of this page)	\$ <b>20,604.00</b>
(Use only on last page of the completed Schedule F. Report also on the Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)	Total	\$

IN RE **Noval, Nonette N**

Debtor(s)

Case No. \_\_\_\_\_

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>542418100692</b> <b>Citi</b> <b>Po Box 6241</b> <b>Sioux Falls, SD 57117</b>		<b>Revolving account opened 11/95</b>				<b>5,094.00</b>
ACCOUNT NO. <b>542418067737</b> <b>Citi</b> <b>Po Box 6241</b> <b>Sioux Falls, SD 57117</b>		<b>Revolving account opened 7/02</b>				<b>4,959.00</b>
ACCOUNT NO. <b>Hardrock Canyon Apartments / R</b>		<b>Open account opened 9/06</b>				<b>854.00</b>
ACCOUNT NO. <b>Procollect,inc</b> <b>12170 Abrams Rd Ste 100</b> <b>Dallas, TX 75243</b>		<b>Assignee or other notification for: Hardrock Canyon Apartments / R</b>				
ACCOUNT NO. <b>517669001453</b> <b>Hsbc Bank</b> <b>Po Box 5253</b> <b>Carol Stream, IL 60197</b>		<b>Revolving account opened 3/04</b>				<b>2,030.00</b>
ACCOUNT NO. <b>338629033</b> <b>Tnb - Target</b> <b>Po Box 9475</b> <b>Minneapolis, MN 55459</b>		<b>Revolving account opened 6/05</b>				<b>232.00</b>
ACCOUNT NO. <b>0600558965</b> <b>Wash Mutual/providian</b> <b>Po Box 10467</b> <b>Greenville, SC 29603</b>		<b>Revolving account opened 12/00</b>				<b>8,425.00</b>

Sheet no. 1 of 1 continuation sheets attached to  
 Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal  
 (Total of this page) \$ **21,594.00**

Total  
 (Use only on last page of the completed Schedule F. Report also on  
 the Summary of Schedules, and if applicable, on the Statistical  
 Summary of Certain Liabilities and Related Data.) \$ **42,198.00**

SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser," "Agent," etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases or contracts, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

☒ Check this box if debtor has no executory contracts or unexpired leases.

NAME AND MAILING ADDRESS, INCLUDING ZIP CODE OF OTHER PARTIES TO LEASE OR CONTRACT	DESCRIPTION OF CONTRACT OR LEASE AND NATURE OF DEBTOR'S INTEREST. STATE WHETHER LEASE IS FOR NONRESIDENTIAL REAL PROPERTY. STATE CONTRACT NUMBER OF ANY GOVERNMENT CONTRACT.



SCHEDULE H - CODEBTORS

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by the debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight-year period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

☒ Check this box if debtor has no codebtors.

NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR

IN RE **Noval, Nonette N**

Debtor(s)

Case No. \_\_\_\_\_

(If known)

**SCHEDULE I - CURRENT INCOME OF INDIVIDUAL DEBTOR(S)**

The column labeled "Spouse" must be completed in all cases filed by joint debtors and by every married debtor, whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. Do not state the name of any minor child. The average monthly income calculated on this form may differ from the current monthly income calculated on Form 22A, 22B, or 22C.

Debtor's Marital Status <b>Single</b>	DEPENDENTS OF DEBTOR AND SPOUSE	
	RELATIONSHIP(S):	AGE(S):
EMPLOYMENT: DEBTOR		SPOUSE
Occupation Name of Employer How long employed Address of Employer	<b>RN</b> <b>West Suburban Health Care</b> <b>1 years and 6 months</b> <b>3 Erie Ct</b> <b>Oak Park, IL</b>	

**INCOME:** (Estimate of average or projected monthly income at time case filed)

1. Current monthly gross wages, salary, and commissions (prorate if not paid monthly)

DEBTOR	SPOUSE
\$ <b>5,978.68</b>	\$ _____
\$ _____	\$ _____

2. Estimated monthly overtime

\$ _____	\$ _____
----------	----------

**3. SUBTOTAL**

<b>\$ 5,978.68</b>	\$ _____
--------------------	----------

**4. LESS PAYROLL DEDUCTIONS**

a. Payroll taxes and Social Security

\$ <b>1,743.89</b>	\$ _____
--------------------	----------

b. Insurance

\$ <b>183.86</b>	\$ _____
------------------	----------

c. Union dues

\$ _____	\$ _____
----------	----------

d. Other (specify) **Pre Paid Legal**

\$ <b>15.75</b>	\$ _____
-----------------	----------

**Short Term Disability**

\$ <b>71.07</b>	\$ _____
-----------------	----------

**5. SUBTOTAL OF PAYROLL DEDUCTIONS**

<b>\$ 2,014.57</b>	\$ _____
--------------------	----------

**6. TOTAL NET MONTHLY TAKE HOME PAY**

<b>\$ 3,964.11</b>	\$ _____
--------------------	----------

7. Regular income from operation of business or profession or farm (attach detailed statement)

\$ _____	\$ _____
----------	----------

8. Income from real property

\$ _____	\$ _____
----------	----------

9. Interest and dividends

\$ _____	\$ _____
----------	----------

10. Alimony, maintenance or support payments payable to the debtor for the debtor's use or that of dependents listed above

\$ _____	\$ _____
----------	----------

11. Social Security or other government assistance

(Specify) \_\_\_\_\_

\$ _____	\$ _____
----------	----------

\_\_\_\_\_

\$ _____	\$ _____
----------	----------

12. Pension or retirement income

\$ _____	\$ _____
----------	----------

13. Other monthly income

(Specify) \_\_\_\_\_

\$ _____	\$ _____
----------	----------

\_\_\_\_\_

\$ _____	\$ _____
----------	----------

\_\_\_\_\_

\$ _____	\$ _____
----------	----------

**14. SUBTOTAL OF LINES 7 THROUGH 13**

\$ _____	\$ _____
----------	----------

**15. AVERAGE MONTHLY INCOME** (Add amounts shown on lines 6 and 14)

<b>\$ 3,964.11</b>	\$ _____
--------------------	----------

**16. COMBINED AVERAGE MONTHLY INCOME:** (Combine column totals from line 15; if there is only one debtor repeat total reported on line 15)

<b>\$ 3,964.11</b>
--------------------

(Report also on Summary of Schedules and, if applicable, on Statistical Summary of Certain Liabilities and Related Data)

17. Describe any increase or decrease in income reasonably anticipated to occur within the year following the filing of this document:

**None**

IN RE Noval, Nonette N

Debtor(s)

Case No. \_\_\_\_\_

(If known)

**SCHEDULE J - CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR(S)**

Complete this schedule by estimating the average or projected monthly expenses of the debtor and the debtor's family at time case filed. Prorate any payments made biweekly, quarterly, semi-annually, or annually to show monthly rate. The average monthly expenses calculated on this form may differ from the deductions from income allowed on Form 22A or 22C.

☐ Check this box if a joint petition is filed and debtor's spouse maintains a separate household. Complete a separate schedule of expenditures labeled "Spouse."

1. Rent or home mortgage payment (include lot rented for mobile home)	\$ <u>900.00</u>
a. Are real estate taxes included? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
b. Is property insurance included? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
2. Utilities:	
a. Electricity and heating fuel	\$ <u>374.00</u>
b. Water and sewer	\$ _____
c. Telephone	\$ <u>125.00</u>
d. Other <u>Cell Phone</u>	\$ <u>70.00</u>
<u>Cable And Internet</u>	\$ <u>80.00</u>
3. Home maintenance (repairs and upkeep)	\$ _____
4. Food	\$ <u>600.00</u>
5. Clothing	\$ <u>150.00</u>
6. Laundry and dry cleaning	\$ <u>95.00</u>
7. Medical and dental expenses	\$ <u>105.00</u>
8. Transportation (not including car payments)	\$ <u>400.00</u>
9. Recreation, clubs and entertainment, newspapers, magazines, etc.	\$ <u>75.00</u>
10. Charitable contributions	\$ _____
11. Insurance (not deducted from wages or included in home mortgage payments)	
a. Homeowner's or renter's	\$ _____
b. Life	\$ _____
c. Health	\$ _____
d. Auto	\$ <u>150.00</u>
e. Other _____	\$ _____
12. Taxes (not deducted from wages or included in home mortgage payments)	
(Specify) _____	\$ _____
_____	\$ _____
13. Installment payments: (in chapter 11, 12 and 13 cases, do not list payments to be included in the plan)	
a. Auto	\$ _____
b. Other _____	\$ _____
_____	\$ _____
14. Alimony, maintenance, and support paid to others	\$ _____
15. Payments for support of additional dependents not living at your home	\$ _____
16. Regular expenses from operation of business, profession, or farm (attach detailed statement)	\$ _____
17. Other <u>See Schedule Attached</u>	\$ <u>340.00</u>
_____	\$ _____
_____	\$ _____

**18. AVERAGE MONTHLY EXPENSES** (Total lines 1-17. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.

\$ 3,464.00

19. Describe any increase or decrease in expenditures anticipated to occur within the year following the filing of this document:

**None**

**20. STATEMENT OF MONTHLY NET INCOME**

a. Average monthly income from Line 15 of Schedule I	\$ <u>3,964.11</u>
b. Average monthly expenses from Line 18 above	\$ <u>3,464.00</u>
c. Monthly net income (a. minus b.)	\$ <u>500.11</u>

IN RE Noval, Nonette N

Debtor(s)

Case No. \_\_\_\_\_

**SCHEDULE J - CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR(S)**  
**Continuation Sheet - Page 1 of 1**

Other Expenses

**Personal Car And Grooming**

**200.00**

**Vehicle Care And Maintenance**

**75.00**

**Bank Fee And Postage**

**15.00**

**Pet Care**

**50.00**

IN RE **Noval, Nonette N**

Debtor(s)

Case No. \_\_\_\_\_

(If known)

**DECLARATION CONCERNING DEBTOR'S SCHEDULES**

**DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR**

I declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of 16 sheets, and that they are true and correct to the best of my knowledge, information, and belief.

Date: **September 11, 2008** Signature: **/s/ Nonette N Noval**  
**Nonette N Noval**

Debtor

Date: \_\_\_\_\_ Signature: \_\_\_\_\_  
(Joint Debtor, if any)  
[If joint case, both spouses must sign.]

**DECLARATION AND SIGNATURE OF NON-ATTORNEY BANKRUPTCY PETITION PREPARER (See 11 U.S.C. § 110)**

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342 (b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required by that section.

Printed or Typed Name and Title, if any, of Bankruptcy Petition Preparer

Social Security No. (Required by 11 U.S.C. § 110.)

*If the bankruptcy petition preparer is not an individual, state the name, title (if any), address, and social security number of the officer, principal, responsible person, or partner who signs the document.*

Address

Signature of Bankruptcy Petition Preparer

Date

Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document, unless the bankruptcy petition preparer is not an individual:

*If more than one person prepared this document, attach additional signed sheets conforming to the appropriate Official Form for each person.*

*A bankruptcy petition preparer's failure to comply with the provision of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. § 110; 18 U.S.C. § 156.*

**DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP**

I, the \_\_\_\_\_ (the president or other officer or an authorized agent of the corporation or a member or an authorized agent of the partnership) of the \_\_\_\_\_ (corporation or partnership) named as debtor in this case, declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of \_\_\_\_\_ sheets (*total shown on summary page plus 1*), and that they are true and correct to the best of my knowledge, information, and belief.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

(Print or type name of individual signing on behalf of debtor)

*[An individual signing on behalf of a partnership or corporation must indicate position or relationship to debtor.]*

*Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. §§ 152 and 3571.*

Page 22 of 49  
 United States Bankruptcy Court  
 Northern District of Illinois

IN RE:

Case No. \_\_\_\_\_

Noval, Nonette N

Chapter 13

Debtor(s)

**STATEMENT OF FINANCIAL AFFAIRS**

This statement is to be completed by every debtor. Spouses filing a joint petition may file a single statement on which the information for both spouses is combined. If the case is filed under chapter 12 or chapter 13, a married debtor must furnish information for both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. An individual debtor engaged in business as a sole proprietor, partner, family farmer, or self-employed professional, should provide the information requested on this statement concerning all such activities as well as the individual's personal affairs. To indicate payments, transfers and the like to minor children, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

Questions 1 - 18 are to be completed by all debtors. Debtors that are or have been in business, as defined below, also must complete Questions 19 - 25. **If the answer to an applicable question is "None," mark the box labeled "None."** If additional space is needed for the answer to any question, use and attach a separate sheet properly identified with the case name, case number (if known), and the number of the question.

*DEFINITIONS*

*"In business."* A debtor is "in business" for the purpose of this form if the debtor is a corporation or partnership. An individual debtor is "in business" for the purpose of this form if the debtor is or has been, within six years immediately preceding the filing of this bankruptcy case, any of the following: an officer, director, managing executive, or owner of 5 percent or more of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or self-employed full-time or part-time. An individual debtor also may be "in business" for the purpose of this form if the debtor engages in a trade, business, or other activity, other than as an employee, to supplement income from the debtor's primary employment.

*"Insider."* The term "insider" includes but is not limited to: relatives of the debtor; general partners of the debtor and their relatives; corporations of which the debtor is an officer, director, or person in control; officers, directors, and any owner of 5 percent or more of the voting or equity securities of a corporate debtor and their relatives; affiliates of the debtor and insiders of such affiliates; any managing agent of the debtor. 11 U.S.C. § 101.

**1. Income from employment or operation of business**

None ☐ State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business, including part-time activities either as an employee or in independent trade or business, from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the **two years** immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT SOURCE  
**3,964.00 2008 (monthly)**

**2. Income other than from employment or operation of business**

None ☒ State the amount of income received by the debtor other than from employment, trade, profession, operation of the debtor's business during the **two years** immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

**3. Payments to creditors**

*Complete a. or b., as appropriate, and c.*

None ☒ *a. Individual or joint debtor(s) with primarily consumer debts:* List all payments on loans, installment purchases of goods or services, and other debts to any creditor made within **90 days** immediately preceding the commencement of this case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$600. Indicate with an asterisk (\*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

None ☐ b. *Debtor whose debts are not primarily consumer debts:* List each payment or other transfer to any creditor made within **90 days** immediately preceding the commencement of the case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$5,475. If the debtor is an individual, indicate with an asterisk (\*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments and other transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

None ☒ c. *All debtors:* List all payments made within **one year** immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

#### 4. Suits and administrative proceedings, executions, garnishments and attachments

None ☒ a. List all suits and administrative proceedings to which the debtor is or was a party within **one year** immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

None ☒ b. Describe all property that has been attached, garnished or seized under any legal or equitable process within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

#### 5. Repossessions, foreclosures and returns

None ☒ List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

#### 6. Assignments and receiverships

None ☒ a. Describe any assignment of property for the benefit of creditors made within **120 days** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

None ☒ b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

#### 7. Gifts

None ☒ List all gifts or charitable contributions made within **one year** immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

#### 8. Losses

None ☒ List all losses from fire, theft, other casualty or gambling within **one year** immediately preceding the commencement of this case **or since the commencement of this case**. (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

#### 9. Payments related to debt counseling or bankruptcy

None ☐ List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under bankruptcy law or preparation of a petition in bankruptcy within **one year** immediately preceding the commencement of this case.

NAME AND ADDRESS OF PAYEE	DATE OF PAYMENT, NAME OF PAYOR IF OTHER THAN DEBTOR	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY
Gleason & Gleason 77 W Washington, Ste 1218 Chicago, IL 60602	8/06/2008	

#### 10. Other transfers

None ☒ a. List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within **two years** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

- None ☐ b. List all property transferred by the debtor within **ten years** immediately preceding the commencement of this case to a self-settled trust or similar device of which the debtor is a beneficiary.

#### 11. Closed financial accounts

- None ☒ List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within **one year** immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by or for either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

#### 12. Safe deposit boxes

- None ☒ List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

#### 13. Setoffs

- None ☒ List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within **90 days** preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

#### 14. Property held for another person

- None ☒ List all property owned by another person that the debtor holds or controls.

#### 15. Prior address of debtor

- None ☒ If debtor has moved within **three years** immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

#### 16. Spouses and Former Spouses

- None ☒ If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within **eight years** immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

#### 17. Environmental Information

For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

"Hazardous Material" means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law.

- None ☒ a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law.

- None ☒ b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

- None ☒ c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.



**18. Nature, location and name of business**

None ☒ a. *If the debtor is an individual*, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partner in a partnership, sole proprietor, or was self-employed in a trade, profession, or other activity either full- or part-time within **six years** immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.

*If the debtor is a partnership*, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within **six years** immediately preceding the commencement of this case.

*If the debtor is a corporation*, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.

None ☒ b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101.

*[If completed by an individual or individual and spouse]*

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct.

Date: September 11, 2008 Signature /s/ Nonette N Noval  
of Debtor **Nonette N Noval**

Date: \_\_\_\_\_ Signature \_\_\_\_\_  
of Joint Debtor  
(if any)

\_\_\_\_\_ **0** continuation pages attached

*Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. § 152 and 3571.*

United States Bankruptcy Court  
Northern District of Illinois

IN RE:

Case No. \_\_\_\_\_

Noval, Nonette N

Chapter 13

Debtor(s)

**VERIFICATION OF CREDITOR MATRIX**

Number of Creditors 10

The above-named Debtor(s) hereby verifies that the list of creditors is true and correct to the best of my (our) knowledge.

Date: September 11, 2008

/s/ Nonette N Noval

Debtor

\_\_\_\_\_  
Joint Debtor

Noval, Nonette N  
1444 S Austin 2nd Floor  
Cicero, IL 60804

Tnb - Target  
Po Box 9475  
Minneapolis, MN 55459

Gleason & Gleason  
77 W Washington, Ste 1218  
Chicago, IL 60602

Wash Mutual/providian  
Po Box 10467  
Greenville, SC 29603

Bank Of America  
Po Box 26012  
Greensboro, NC 27420

Cap One  
Po Box 5155  
Norcross, GA 30091

Capital One Auto Finan  
3901 N Dallas Pkwy  
Plano, TX 75093

Capital One, N.a.  
2730 Liberty Ave  
Pittsburgh, PA 15222

Chase  
800 Brooksedge Blvd  
Westerville, OH 43081

Citi  
Po Box 6241  
Sioux Falls, SD 57117

Hsbc Bank  
Po Box 5253  
Carol Stream, IL 60197

Procollect,inc  
12170 Abrams Rd Ste 100  
Dallas, TX 75243

**United States Bankruptcy Court  
Northern District of Illinois**

**IN RE:**

Case No. \_\_\_\_\_

**Noval, Nonette N**Chapter **13**

Debtor(s)

**DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR**

1. Pursuant to 11 U.S.C. § 329(a) and Bankruptcy Rule 2016(b), I certify that I am the attorney for the above-named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept ..... \$ **3,500.00**

Prior to the filing of this statement I have received ..... \$ \_\_\_\_\_

Balance Due ..... \$ **3,500.00**

2. The source of the compensation paid to me was: ☒ Debtor ☐ Other (specify):
3. The source of compensation to be paid to me is: ☒ Debtor ☐ Other (specify):
4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.  
☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached.
5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:
- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
  - b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
  - c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
  - d. ~~Representation of the debtor in adversary proceedings and other contested bankruptcy matters;~~
  - e. [Other provisions as needed]
6. By agreement with the debtor(s), the above disclosed fee does not include the following services:

**CERTIFICATION**

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

**September 11, 2008**


Date

**/s/ Derek V Lofland**


Signature of Attorney

**Gleason & Gleason**

Name of Law Firm

 <b>Resurrection Health Care</b>		<b>100 N. River Road Des Plaines, IL 60016</b>		<b>847.813.3955</b>		<b>07/24/2008 13383522</b>	
<b>NONETTE NOVAL</b>		<b>77708</b>		<b>85-60680</b>		<b>38.500 07/19/2008</b>	
<b>Current</b>		<b>60.25</b>		<b>2501.38</b>		<b>HEALTH INS 38.00 570.00</b>	
<b>Year-to-Date</b>		<b>982.00</b>		<b>41390.78</b>		<b>DENTAL 12.88 193.20</b>	
<b>43.50</b>		<b>9-04 REGULA</b>		<b>1906.25</b>		<b>VISION 3.18 47.70</b>	
<b>4.76</b>		<b>9-05 REGULA</b>		<b>216.13</b>		<b>AUT/HM/LG 7.27 109.05</b>	
<b>12.00</b>		<b>9-01 EDUCAT</b>		<b>490.00</b>		<b>DD-C/S NET 1664.60 26280.60</b>	
						<b>VOL STD 32.80 66.60</b>	
						<b>VOL WHOLE 30.80 61.60</b>	
						<b>FEDERAL 451.21 7761.28</b>	
						<b>FICA 151.79 2515.85</b>	
						<b>MHI 35.49 588.41</b>	
						<b>STATE 73.42 1217.39</b>	
						<b>Total Deductions 2501.38</b>	
						<b>NET PAY 0.00</b>	
						<b>Benefits Available Hours</b>	
						<b>PTO 0.00</b>	
						<b>EIS 0.00</b>	

REMOVE DOCUMENT ALONG THIS PERFORATION

 <b>Resurrection Health Care</b>		<b>100 N. River Road Des Plaines, Illinois 60016 (847) 247-1800</b>		<b>Check No. 13383522</b>	
<b>Direct Deposit</b>		<b>Bank of America, N.A. Chicago, IL 60601</b>		<b>Date 07/24/2008</b>	
<b>VOID AFTER 90 DAYS</b>		<b>VOID AFTER 90 DAYS</b>		<b>VOID AFTER 90 DAYS</b>	
<b>PAY ONE THOUSAND SIX HUNDRED SIXTY FOUR AND 60/100 DOLLARS</b>					
<b>TO THE ORDER OF NONETTE NOVAL</b>					
<b>1442 S. ALSTON BLVD.</b>					
<b>APT 2F</b>					
<b>CHICAGO, IL 60604</b>					



**Resurrection  
Health Care**

100 N. River Road  
Des Plaines, IL 60016 847.813.3955

07/10/2008 13382481

NONETTE NOVAL		77706	85-50680	00	00	38.600	07/05/2008
<b>Total Earnings</b>							
Current	59.00	2430.88	HEALTH INS	38.00	532.00		
Year-to-Date	931.75	38889.40	DENTAL	12.88	180.32	FEDERAL	433.59 7310.07
			VISION	3.18	44.52	FICA	147.38 2364.22
			AUT/HM/LG	7.27	101.78	MHI	34.48 552.92
			DD-C/S NET	1819.24	26596.00	STATE	71.30 1143.97
			VOL STD	32.80	32.80		
			VOL WHOLE	30.80	30.80		
11.75	S-01 REGULA	470.00				<b>Total Deductions</b>	2430.88
47.25	S-04 REGULA	1960.88				<b>NET PAY</b>	0.00
						<b>Benefits Available</b>	Hours
						PTC	0.00
						EIS	0.00

REMOVE DOCUMENT ALONG THIS PERFORATION

**Resurrection Health Care**  
100 N. River Road  
Des Plaines, Illinois 60016  
(847) 813-3955

**DIRECT DEPOSIT**

LIBRARY BANK, N.A.  
Des Plaines, IL 60016

Check No: 73382481  
Date: 07/10/2008  
Valid After 90 Days

**PAY: ONE THOUSAND SIX HUNDRED NINETEEN AND 24/100 DOLLARS**

**TO THE ORDER OF NONETTE NOVAL**  
7442 S. LEBANON AVE.  
APT 27  
CICERO, IL 60804



Resurrection  
Health Care

100 N. River Road  
Des Plaines, IL 60018

847.813.3955

Check No.	13388400
Date	08/26/2008
Amount	38.600
Payee	06/21/2008
Current	72.50
Year-to-Date	872.75
Health Ins	38.00
Dental	12.88
Vision	3.18
AUT/HM/LG	7.27
DD-C/S NET	2161.17
FEDERAL	621.78
FICA	193.82
MHI	45.28
STATE	93.68
Total Deductions	3176.88
NET PAY	0.00
Benefits Available	Hours
PTO	0.00
EIB	0.00

NONETTE NOVAL	77708	85-50680	00	00	38.600	06/21/2008
Current	72.50	3176.88				
Year-to-Date	872.75	38458.52				
24.00	S-01 REGULA	860.00				
31.00	S-04 REGULA	1286.50				
9.50	S-06 REGULA	492.25				
8.00	S-04 OVERTI	498.11				
HEALTH INS	38.00	494.00				
DENTAL	12.88	167.44				
VISION	3.18	41.34				
AUT/HM/LG	7.27	94.51				
DD-C/S NET	2161.17	24976.78				
Total Deductions		3176.88				
NET PAY		0.00				
Benefits Available		Hours				
PTO		0.00				
EIB		0.00				

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Resurrection  
Health Care

DIRECT DEPOSIT

Check No. 13388400  
Chicago, IL 60601

Date 08/26/2008  
Valid After 90 Days

100 N. River Road  
Des Plaines, Illinois 60018  
(847) 857-1800

2161.17

PAY TWO THOUSAND ONE HUNDRED SIXTY ONE AND 17/100 DOLLARS

TO THE ORDER OF NONETTE NOVAL

241 S. AUBURN ST. / D

APT 2C

CHICAGO, IL 60604

<b>Resurrection Health Care</b>		<b>100 N. River Road Des Plaines, IL 60016</b>		<b>847.813.3955</b>	<b>08/12/2008</b>	<b>13354881</b>
<b>NONETTE NOVAL</b>		<b>77708</b>	<b>85-50680</b>		<b>00 00</b>	<b>38.500 08/07/2008</b>
<b>Current</b>	<b>60.50</b>	<b>2530.38</b>	<b>HEALTH INS</b>	<b>38.00</b>	<b>458.00</b>	<b>6254.70</b>
<b>Year-to-Date</b>	<b>800.25</b>	<b>33281.66</b>	<b>DENTAL</b>	<b>12.88</b>	<b>154.55</b>	<b>2023.24</b>
			<b>VISION</b>	<b>3.18</b>	<b>38.18</b>	<b>473.18</b>
			<b>AUT/HM/LG</b>	<b>7.27</b>	<b>87.24</b>	<b>978.99</b>
			<b>DD-C/S NET</b>	<b>1746.98</b>	<b>22815.68</b>	
<b>7.50</b>	<b>S-01 REGULA</b>	<b>300.00</b>			<b>FEDERAL</b>	<b>458.48</b>
<b>4.75</b>	<b>S-02 REGULA</b>	<b>209.00</b>			<b>FICA</b>	<b>153.53</b>
<b>43.60</b>	<b>S-04 REGULA</b>	<b>1805.25</b>			<b>MHI</b>	<b>38.91</b>
<b>4.75</b>	<b>S-05 REGULA</b>	<b>216.13</b>			<b>STATE</b>	<b>74.29</b>
					<b>Total Deductions</b>	<b>2530.38</b>
					<b>NET PAY</b>	<b>0.00</b>
					<b>Benefits Available</b>	<b>Hours</b>
					<b>PTO</b>	<b>0.00</b>
					<b>EIS</b>	<b>0.00</b>

REMOVE DOCUMENT ALONG THIS PERFORATION

<b>Resurrection Health Care</b>	<b>100 N. River Road Des Plaines, IL 60016</b>	<b>847.813.3955</b>	<b>Check No. 13354881</b>
<b>NONETTE NOVAL</b>	<b>77708</b>	<b>85-50680</b>	<b>Date 08/12/2008</b>
<b>PAY ONE THOUSAND SEVEN HUNDRED FORTY SIX AND 88/100 DOLLARS</b>			<b>1746.98</b>
<b>TO THE ORDER OF NONETTE NOVAL</b>			
<b>AT THE OFFICE OF THE CLERK OF THE CIRCUIT COURT OF THE JUDICIAL CIRCUIT IN AND FOR THE COUNTY OF COOK, ILLINOIS</b>			





Illinois Department of Revenue

00 - 363774 - 8

IL-8453 Illinois 2007 Individual Income Tax Electronic Filing Declaration

(Do not mail Form IL-8453 to the Illinois Department of Revenue unless it is requested for review.)

Step 1: Provide taxpayer information

Print or type  
First name and middle initial: NONETTE N  
Spouse's first name (and last name if different): NOVAL  
Last name: NOVAL  
Social Security number: 146-78-5442  
Mailing address: 1444 S AUSTIN APT 2F  
City: CICERO IL 60804  
State: IL ZIP: 60804  
Spouse's Social Security number: (708) 780-1727  
Daytime phone number: (708) 780-1727

Step 2: Complete information from tax return

1 Net income from Form IL-1040, Line 13, or Schedule NR, Step 5, Line 50 49,444.00  
2 Tax from Form IL-1040, Line 15 1,483.00  
3 Illinois Income Tax withheld from Form IL-1040, Line 7 only (write 0 if none) 1,546.00  
4 Overpayment from Form IL-1040, Line 30 63.00  
5 Total amount due from Form IL-1040, Line 34 .00  
6 Filing status: ☒ Single/head of household ☐ Married filing jointly ☐ Married filing separately ☐ Widowed

Step 3: Complete direct deposit of refund or electronic funds withdrawal information (Optional)

Note: To initiate a payment or refund transaction, the information in this Step must be included within the electronic transmission.

7 Routing no. (RN):  
8 Account no. (AN):  
9 Type of account: ☐ Checking ☐ Savings  
10 Date the payment is to be electronically withdrawn:  
11 Electronic funds withdrawal amount: .00  
12 Name on account:

Step 4: Taxpayer declaration and signature (Sign only after Step 2 and Step 3 (if applicable) is completed.)

☐ I consent that my refund may be directly deposited as designated in Step 3 and declare the information on lines 7 through 9 is correct. If I have filed a joint return, this is an irrevocable appointment of the other spouse as agent to receive the refund.  
☐ I authorize the Illinois Department of Revenue (IDOR) and its designated financial agent to initiate an ACH electronic funds withdrawal as designated in the electronic portion of my 2007 Illinois income tax return. I authorize the financial institutions involved in the processing of an electronic overpayment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.  
☒ I do not want direct deposit of my refund, or an electronic funds withdrawal (direct debit) of my balance due.

Under penalties of perjury, I declare the information on my electronic IL-1040 return and the information I provided to my electronic return originator (ERO) are identical. To the best of my knowledge, my return is true, correct, and complete. I consent that my return, this declaration, and accompanying information may be sent to IDOR by my ERO. I authorize IDOR to inform my ERO and/or the transmitter when my return has been accepted or rejected. If rejected, I authorize IDOR to identify the reason(s) so the return may be corrected and retransmitted if possible.

Sign here Your signature Date Spouse's signature (if joint return, both must sign) Date

Step 5: Electronic return originator (ERO) and paid preparer declaration and signature

I declare that I have examined this taxpayer's electronic IL-1040 return, the information on this Form IL-8453, and accompanying information. I have followed all requirements of this program and declare, under penalties of perjury, that to the best of my knowledge the taxpayer's return and accompanying information are true, correct, and complete.

ERO's signature: H AND R BLOCK ENTERPRISES INC  
Date: 03/11/2008  
Firm's name or your name (if self-employed)  
Mailing address: 6301 W ROOSEVELT RD  
City: BERWYN IL 60402  
State: IL ZIP: 60402  
Check if paid preparer: ☒ (See instructions)  
Your Social Security number (SSN) or PTIN: 43-1862223  
Federal employer identification number (FEIN): (708) 484-1789  
Phone number:

Step 6: Attach required documents (e.g., Forms W-2, W-2G, 1099-G, 1099-R, IL-1310, out-of-state returns, etc.)

IL-8453 (R-11/07)

ID:3018

8453(D) (2007)

Form Software Copyright 1998 - 2008 H&R Block Tax Services, Inc. IL8453D-1V 1.81

Form 1040A (2007) **NONETTE N NOVAL** 146-78-5442 Page 2

**Tax, credits, and payments**

22 Enter the amount from line 21 (adjusted gross income) 22 51,444.

23a Check ☐ You were born before January 2, 1943, ☐ Blind ☐ Total boxes checked ☐ 23a ☐  
if ☐ Spouse was born before January 2, 1943, ☐ Blind ☐

b If you are married filing separately and your spouse itemizes deductions, see page 30 and check here ☐ 23b ☐

24 Enter your standard deduction (see left margin) 24 5,350.

25 Subtract line 24 from line 22. If line 24 is more than line 22, enter -0- 25 46,094.

26 If line 22 is \$117,300 or less, multiply \$3,400 by the total number of exemptions claimed on line 6d. If line 22 is over \$117,300, see the worksheet on page 32. 26 3,400.

27 Subtract line 26 from line 25. If line 26 is more than line 25, enter -0-. This is your taxable income. 27 42,694.

28 Tax, including any alternative minimum tax (see page 30) 28 7,093.

29 Credit for child and dependent care expenses. Attach Schedule 2. 29

30 Credit for the elderly or the disabled. Attach Schedule 3. 30

31 Education credits. Attach Form 8863. 31

32 Child tax credit (see page 35). Attach Form 8801 if required. 32

33 Retirement savings contributions credit. Attach Form 8880. 33

34 Add lines 29 through 33. These are your total credits. 34

35 Subtract line 34 from line 28. If line 34 is more than line 28, enter -0-. 35 7,093.

36 Advance earned income credit payments (see Form 8862 box 9). 36

37 Add lines 35 and 36. This is your total tax. 37 7,093.

38 Federal income tax withheld from Forms W-2 and 1099. 38 8,761.

39 2007 estimated tax payments and amount applied from 2006 return. 39

40a Earned income credit (EIC). 40a  
b Nonrefundable combat pay election. 40b

41 Additional child tax credit. Attach Form 8812. 41

42 Add lines 38, 39, 40a, and 41. These are your total payments. 42 8,761.

43 If line 42 is more than line 37, subtract line 37 from line 42. This is the amount overpaid. 43 1,668.

44a Amount of line 43 you want refunded to you. If Form 8878 is checked, check here ☐ 44a 1,668.  
b Routing number 08101208 c Type ☒ Checking ☐ Savings  
d Account number 10877982146785442

45 Amount of line 43 you want applied to your 2008 estimated tax. 45

**Amount you owe**

46 Amount you owe. Subtract line 42 from line 37. For details on how to pay, see page 63. 46

47 Estimated tax penalty (see page 53). 47

**Third party designee**

Do you want to allow another person to discuss this return with the IRS (see page 54)? ☒ Yes. Complete the following ☐ No

Designee's name **HR BLOCK** Phone no. (708) 771-1400 Personal ID number 12526

**Sign here**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and accurate. I declare under penalty of perjury that I am the preparer of this return or the preparer has my knowledge.

Your signature **For Info Only-Do not file** Date Your occupation **NURSE** Daytime phone number  
Spouse's signature, if joint return, both must sign. **For Info Only-Do not file** Date Spouse's occupation

**Paid preparer's use only**

Preparer's signature **H AND R BLOCK ENTERPRISES INC** Date **3/11/2008** Check if ☐ self-employed ☐ Preparer's SSN or PTIN **P00697639**  
Firm name (or yours if self-employed) **BERWYN, IL 60402** EIN **43-1862223**  
Address and ZIP code **Phone no (708) 484-1789**

Form 1040A (2007)

Form **8917**

**Tuition and Fees Deduction**

OMB No. 1545-0074

Department of the Treasury  
Internal Revenue Service

▶ See instructions.

▶ Attach to Form 1040 or Form 1040A.

**2007**

Attachment  
Sequence No. **63**

Name(s) shown on return

**NONETTE N NOVAL**

Your social security number

**146-78-5442**

**Caution:** You cannot take both an education credit from Form 8853 and the tuition and fees deduction from this form for the same student in the same year.

**Before you begin:** ☒ To see if you qualify for this deduction, see Who Can Take the Deduction in the instructions below.

☒ If you file Form 1040, use the instructions for line 36 to figure any write-in adjustments to be entered on the dotted line next to Form 1040, line 36.

(a) Student's name (as shown on page 1 of your tax return)		(b) Student's social security number (as shown on page 1 of your tax return)	(c) Qualified expenses (see instructions)
First name	Last name		
<b>NONETTE</b>	<b>NOVAL</b>	<b>146-78-5442</b>	<b>90.</b>
<b>2</b> Add the amounts on line 1, column (c), and enter the total			<b>90.</b>
<b>3</b> Enter the amount from Form 1040, line 22, or Form 1040A, line 16			<b>51,534.</b>
<b>4</b> Enter the total from either: • Form 1040, lines 23 through 33, plus any write-in adjustments entered on the dotted line next to Form 1040, line 36, or • Form 1040A, lines 16 through 18			
<b>5</b> Subtract line 4 from line 3. * If the result is more than \$80,000 (\$160,000 if married filing jointly), stop; you cannot take the deduction for tuition and fees			<b>51,534.</b>
<b>6</b> Tuition and fees deduction. Is the amount on line 5 more than \$65,000 (\$130,000 if married filing jointly)? <input type="checkbox"/> Yes. Enter the smaller of line 2, or \$2,000. Also enter this amount on Form 1040, line 34, or Form 1040A, line 19 <input checked="" type="checkbox"/> No. Enter the smaller of line 2, or \$4,000. Also enter this amount on Form 1040, line 34, or Form 1040A, line 19			<b>90.</b>

\* If you are filing Form 2555, 2555-EZ, or 4563, or you are excluding income from Puerto Rico, use Worksheet 6-1 in Pub. 970 to figure the amount to enter

**KBA For Paperwork Reduction Act Notice, see page 2.**

**8917 (2007)**  
Form Software Copyright 1998 - 2008 H&R Block Tax Services, Inc.

**FD8917-1V 1.0**

Form **8917** (2007)



Illinois Department of Revenue

2007 Form IL-1040

tax.illinois.gov

Individual Income Tax Return or for fiscal year ending \_\_\_\_/\_\_\_\_/\_\_\_\_

Step 1: Personal information

Do not write above this line.

146-78-5442

NONETTE N NOVAL

1444 S AUSTIN APT 2F  
CICERO IL 60804

C Filing status (see instructions)

☒ Single or head of household ☐ Married filing jointly ☐ Married filing separately ☐ Widowed

Step 2: Income

- 1 Federal adjusted gross income from your U.S. 1040, Line 21, or U.S. 1040EZ, Line 4 1 51,444.00
- 2 Federally tax-exempt interest and dividend income from your U.S. 1040 or 1040A, Line 8b; or U.S. 1040EZ 2
- 3 Other additions to your income. Attach Schedule M. 3
- 4 Add Lines 1 through 3. This is your total income. 4 51,444.00

Step 3: Base income

- 5 Income received from Social Security benefits and certain retirement plans. If included in Step 2, Line 1. Attach federal page 1. 5
- 6 Military pay earned if included in Step 2, Line 1. Attach military W-2. 6
- 7 Illinois income tax overpayment included in U.S. 1040, Line 10. 7
- 8 U.S. Treasury bonds, bills, notes, savings bonds, and U.S. agency interest from U.S. 1040, Schedule B, or U.S. 1040A, Schedule M. 8
- 9 Other subtractions to your income. Attach Schedule M. Check if Line 9 includes any amount from Schedule 1209-C ☐ 9
- 10 Add Lines 5 through 9. This is the total of your subtractions. 10
- 11 Subtract Line 10 from Line 4. This is your Illinois base income. 11 51,444.00

Step 4: Exemptions

- 12 a Number of exemptions from your federal return 1 x \$2,000 a 2,000.00
- b If someone else claimed or could have claimed you or your spouse as a dependent on their return, see instructions to figure the number to write here. b
- c Check if 65 or older: ☐ You + ☐ Spouse = 0 x \$1,000 c
- d Check if legally blind: ☐ You + ☐ Spouse = 0 x \$1,000 d
- Add Lines a through d. This is your total Illinois exemption allowance. 12 2,000.00

Step 5: Net income

- 13 Residents only: Subtract Line 12 from Line 11. This is your net income. Skip Line 14. 13 49,444.00
- 14 Nonresidents and part-year residents only: Check the box that applies to you during 2007 ☐ Nonresident ☐ Part-year resident, and write the Illinois base income from Schedule NR. Attach Schedule NR. 14

Step 6: Tax

- 15 Residents: Multiply Line 13 by 3% (.03). Write the result here. This is your tax. Nonresidents and part-year residents: Write the tax from Schedule NR. This amount may not be less than zero. 15 1,483.00

IL-1040 page 1 (8-12-07)

3018

This form is authorized as outlined by the Illinois Income Tax Act. Disclosure of this information is REQUIRED. Failure to provide information could result in a penalty. This form has been approved by the Forms Management Center. IL-482-0085

1040 (2007)

IL1040-1V 1.13

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NOVAL

146-78-5442

16 Tax amount from Page 1, Step 6, Line 15  
Step 7: Payments and Credits 16 1,483.00

17 Illinois Income Tax withheld. Attach W-2 and 1099 forms. 17 1,546.00  
18 Estimated payments from Forms IL-505-1 and IL-1040-ES, including overpayment applied from Line 31 of your 2006 return 18  
19 Income tax paid to another state while an Illinois resident. Attach Schedule CR and other states' returns. 19  
20 Illinois Property Tax credit. Complete PT Worksheet in instructions. PT Worksheet Line 3 amount 20a  
PT Worksheet Line 8 amount 20b  
21 K-12 Education expense credit. Complete ED Worksheet in instructions, or Schedule ED. Attach receipt or Schedule ED. ED Worksheet or Sch ED Line 1 amount 21a  
ED Worksheet or Sch ED Line 10 amount 21b  
22 Earned Income Credit. Complete EIC Worksheet in instructions. EIC Worksheet Line 1 amount 22a  
EIC Worksheet Line 4 amount 22b  
23 Income tax credit amount from Schedule 1299-C. Attach Schedule 1299-C. 23  
24 Add Lines 17, 18, 19, 20b, 21b, 22b, and 23. This is your payments and credits total. 24 1,546.00

Step 8: Overpayment or Tax Due  
25 If Line 24 is greater than Line 16, subtract Line 16 from Line 24. This is your overpayment. 25 63.00  
26 If Line 16 is greater than Line 24, subtract Line 24 from Line 16. This is your tax due. 26

Step 9: Penalty  
27 Late payment penalty for underpayment of estimated tax. a Check if you annualized your income on Form IL-2210, Step 5, or if you are 65 or older and permanently living in a nursing home. Attach Form IL-2210. b Check if at least two-thirds of your federal gross income is from farming. 27  
Step 10: Donations Any donation will reduce your refund or increase the amount you owe.

28 Amount you wish to donate to one or more of the following voluntary contribution funds:  
Wildlife a Breast Cancer b Diabetes c  
Child Abuse d Multiple Sclerosis f Autoimmune j  
Alzheimer's g Military h Lung Cancer i  
Homeless k  
Add Lines a through k. This is your donations total. 28  
29 Add Line 27 and Line 28. This is your penalty and donations total. 29 0.00

Step 11: Refund or Amount You Owe  
30 If you have an overpayment on Line 25 and this amount is greater than Line 29, subtract Line 29 from Line 25. 30 63.00  
31 Amount from Line 30 that you want applied to 2008 estimated tax. 31 63.00  
32 Subtract Line 31 from Line 30. This is your refund. 32 63.00  
33 Complete to direct deposit your refund.

Direct Deposit  
Routing number  ☐ Checking or ☐ Savings  
Account number

34 If you have tax due on Line 26, add Lines 26 and 29. If you have an overpayment on Line 25 and this amount is less than Line 29, subtract Line 25 from Line 29. This is the amount you owe. 34

Step 12: Sign and Date  
Under penalties of perjury, I state that I have examined this return, and, to the best of my knowledge, it is true, correct, and complete.  
For Information Only (708) 780-1727 For Information Only  
Your signature Date Daytime phone number Your spouse's signature Date  
Paid preparer's signature 03/11/08 (708) 484-1789 43-1862223  
Date Preparer's phone number Preparer's FEIN, SSN, or PTIN

If no payment enclosed, mail to:  
ILLINOIS DEPARTMENT OF REVENUE  
SPRINGFIELD IL 62719-0001

If payment enclosed, mail to:  
ILLINOIS DEPARTMENT OF REVENUE  
SPRINGFIELD IL 62726-0001

IL-1040 page 2 (8/12/07) DR AP CA DE EV ME MO PR RM RR TT TV WA WT WV ZZ ID

## CONSENT TO USE OR DISCLOSE INFORMATION Within H&R Block

Privacy protection is fundamental to the way H&R Block conducts business. We strive to operate our business in a manner that justifies your choice of H&R Block products and services.

As explained to you by your tax professional, H&R Block may be able to identify opportunities that can help you reach your financial goals now and in the future. In order to do this, we would like to use the information you provide to us in connection with tax preparation (including name, address, telephone, and other tax return information such as your Social Security number) within our family of companies.

By signing this form, you are authorizing H&R Block and those H&R Block affiliates you designate with your initials below to use your tax return information to identify and provide you with information about products and services within the H&R Block family of companies that may benefit you including:

☐ \_\_\_\_\_ Client initials investments, investment planning++ and insurance products from H&R Block Financial Advisors\*\*

☒ \_\_\_\_\_ Client initials banking products and services (including debit and other bank cards) and mortgages from H&R Block Bank+++

H&R Block will not use or disclose your tax return information for any other purpose in connection with this consent, except as required or permitted by law. If you later feel the services we offer are not of value to you, you may call 1-877-723-5458 to limit receiving further information.

By signing below, you consent for H&R Block and the H&R Block affiliates you've designated to use your tax return information as described above. You also acknowledge that you have received and read the H&R Block Privacy Policy, and the Affiliated Business Disclosures below.

Taxpayer's signature Signature on file Date \_\_\_\_\_

Telephone Number: (708) 780-1727

Spouse's signature Signature on file Date \_\_\_\_\_

### AFFILIATED BUSINESS DISCLOSURES

H&R Block Services, Inc. and its tax preparation subsidiaries (collectively, "H&R Block") may refer certain information about you to H&R Block Financial Advisors, Inc. and H&R Block Bank. Tax professionals may receive from their employer (either H&R Block Enterprises, Inc., H&R Texas Enterprises, Inc. or H&R Block Eastern Enterprises, Inc.) ongoing compensation, in part, as a result of referrals related to this consent.

++ Investment services and securities products offered through H&R Block Financial Advisors, Inc., a registered broker-dealer and member NYSE, SIPC. H&R Block Financial Advisors, Inc. is a registered investment advisor. H&R Block, Inc. and H&R Block Services, Inc. are not registered broker/dealers or registered investment advisors.

\*\* Insurance services offered through H&R Block Financial Advisors, Inc. and H&R Block Insurance Agency of Massachusetts, Inc. (not available in all states). You are not obligated to do business with these H&R Block affiliates. Other broker/dealers, insurance companies and insurance agencies are available. You should shop for the best prices and services to meet your investment and insurance needs.

+++ Banking services offered through H&R Block Bank Federal Savings Bank, Member FDIC.

Form **8879**

**IRS e-file Signature Authorization**

OMB No. 1545-0074

Department of the Treasury  
Internal Revenue Service

Do not send to the IRS. This is not a tax return.  
Keep this form for your records. See instructions.

**2007**

Declaration Control Number (DCN) **00-363774-** **-8**

Taxpayer's name

**NONETTE N NOVAL**

Social security number

**146-78-5442**

Spouse's name

Spouse's social security number

**Tax Return Information - Tax Year Ending December 31, 2007 (Whole Dollars Only)**

1	Adjusted gross income (Form 1040, line 38; Form 1040A, line 22; Form 1040EZ, line 4)	1	51,444
2	Total tax (Form 1040, line 63; Form 1040A, line 37; Form 1040EZ, line 10)	2	7,093
3	Federal income tax withheld (Form 1040, line 64; Form 1040A, line 38; Form 1040EZ, line 7)	3	8,761
4	Refund (Form 1040, line 74a; Form 1040A, line 44a; Form 1040EZ, line 11a; Form 1040-SS, Part I, line 12a)	4	1,668
5	Amount you owe (Form 1040, line 75; Form 1040A, line 45; Form 1040EZ, line 12)	5	

**Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)**

Under penalties of perjury, I declare that I have examined a copy of my electronic individual income tax return and accompanying schedules and statements for the tax year ending December 31, 2007, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from my electronic income tax return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt for reason for rejection of the transmission, (b) an indication of any refund offset, (c) the reason for any delay in processing the return or refund, and (d) the date of any refund, if applicable. I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in entry to this account. I further understand that this authorization may apply to future Federal tax payments that are direct to be debited through the Electronic Federal Tax Payment System (EFTPS) to order for my future payments. I request that the IRS send me a personal identification number (PIN) to a payment; I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for my electronic income tax return and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

☒ I authorize **HR BLOCK**

ERO firm name

to enter or generate my PIN

**15442**

as my signature on my tax year 2007 electronically filed income tax return.

do not enter all zeros

☐ I will enter my PIN as my signature on my tax year 2007 electronically filed income tax return. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature

**COPY ONLY**

Date **03/11/2008**

Spouse's PIN: check one box only

☐ I authorize

ERO firm name

to enter or generate my PIN

do not enter all zeros

☐ I will enter my PIN as my signature on my tax year 2007 electronically filed income tax return. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature

**COPY ONLY**

Date

**Practitioner PIN Method Returns Only - continue below**

**Certification and Authentication - Practitioner PIN Method Only**

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.

**36377460442**

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the tax year 2007 electronically filed income tax return for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Publication 1346, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature

Date **03/11/2008**

**ERO Must Retain This Form - See Instructions**  
**Do Not Submit This Form to the IRS Unless Requested To Do So**

KBA For Privacy Act and Paperwork Reduction Act Notice, see page 2 of form.

Form 8879 (2007)

8879(D) (2007)

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FD-8879-1Y 1.0

Form  
**1040A**Department of the Treasury - Internal Revenue Service  
**U.S. Individual Income Tax Return (99) 2004**

IRS Use Only - Do not write or staple in this space.

**Label**

(See page 18.)

Use the  
IRS label.  
Otherwise,  
please print  
or type.NONETTE N NOVAL  
10430 MORADO CIR APT. 2313  
AUSTIN, TX 78759

OMB No. 1545-0085

Your social security number

146-78-5442

Spouse's social security number

**▲ Important! ▲**  
You must enter your  
SSN(s) above.**Presidential  
Election Campaign**  
(See page 18.)

Note. Checking "Yes" will not change your tax or reduce your refund.

Do you, or your spouse if filing a joint return, want \$3 to go to this fund?

You Spouse  
☐ Yes ☒ No ☐ Yes ☐ No**Filing  
Status**1 ☐ Single  
2 ☐ Married filing jointly (even if only one had income)4 ☒ Head of household (with qualifying person). (See page 19.)Check only  
one box.3 ☐ Married filing separately. Enter spouse's SSN above & full name below.If the qualifying person is a child but not your dependent, enter this  
child's name here5 ☐ Qualifying widow(er) with dependent child (see page 19)**Exemptions**6a ☒ Yourself. If someone can claim you as a dependent, do not check  
box 6a.b ☐ Spouse

c Dependents:

(1) First name Last name

(2) Dependent's  
social security number(3) Dependent's  
relationship to  
you(4) ☒ If qual-  
child for  
child tax cr.  
(see pg 21)

MAISA NOVAL

620-20-1625 DAUGHTER

Boxes  
checked on  
6a and 6bNo. of children  
on 6c who:• lived with  
you• did not live  
with you due  
to divorce or  
separation  
(see page 21)Dependents  
on 6c not  
entered aboveAdd numbers  
on lines  
above

d Total number of exemptions claimed

**Income**

7 Wages, salaries, tips, etc.

7 79,672.

**Attach  
Form(s) W-2  
here. Also  
attach  
Form(s)  
1099-R if tax  
was withheld.**

8a Taxable interest. Attach Schedule 1 if required.

8a

b Tax-exempt interest. Do not include on line 8a.

8b

9a Ordinary dividends. Attach Schedule 1 if required.

9a

b Qualified dividends (see page 23.)

9b

10 Capital gain distributions (see page 23.)

10

11a IRA

distributions. 11a

11b Taxable amount

(see page 23).

11b

12a Pensions and

annuities. 12a

12b Taxable amount

(see page 24).

12b

13 Unemployment compensation &amp; Alaska Permanent Fund dividends.

13

14a Social security

benefits. 14a

14b Taxable amount

(see page 26).

14b

15 Add lines 7 through 14b (far right column). This is your total income.

15 79,672.

**Adjusted  
gross  
income**

16 Educator expenses (see page 26).

16

17 IRA deduction (see page 26).

17

18 Student loan interest deduction (see page 29).

18

19 Tuition and fees deduction (see page 29).

19

20 Add lines 16 through 19. These are your total adjustments.

20

21 Subtract line 20 from line 15. This is your adjusted gross income.

21 79,672.

KBA For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see page 57.

Form 1040A (2004)

1040A (2004)

FD1040A-1V 1.18

Form Software Copyright 1996 - 2005 H&amp;R Block Tax Services, Inc.



**Refunds and Payments**

**Standard Deduction for —**

• People who checked any box on line 23a or 23b or who can be claimed as a dependent, see page 31.

• All others:

Single or Married filing separately, \$4,850  
Married filing jointly or Qualifying widow(er), \$9,700  
Head of household, \$7,150

22 Enter the amount from line 21 (adjusted gross income). **146-78-5442 Page 2**  
23a Check ☐ If you were born before January 2, 1940, ☐ Blind ☐ Total boxes checked ☐ 23a **79,672.**

b If you are married filing separately and your spouse itemizes deductions, see page 30 and check here

24 Enter your **standard deduction** (see left margin). **23b** ☐  
25 Subtract line 24 from line 22. If line 24 is more than line 22, enter -0- **24 7,150.**  
26 If line 22 is \$107,025 or less, multiply \$3,100 by the total number of exemptions claimed on line 6d. If line 22 is over \$107,025, see the worksheet on page 32. **25 72,522.**

27 Subtract line 26 from line 25. If line 26 is more than line 25, enter -0- **26 6,200.**  
This is your **taxable income.**

28 Tax, including any alternative minimum tax (see page 31) **27 66,322.**  
29 Credit for child and dependent care expenses. Attach Schedule 2. **28 12,181.**

30 Credit for the elderly or the disabled. Attach Schedule 3. **29**  
31 Education credits. Attach Form 8863. **30**  
32 Retirement savings contributions credit. Attach Form 8880. **31**

33 Child tax credit (see page 36). **32**  
34 Adoption credit. Attach Form 8839. **33**  
35 Add lines 29 through 34. These are your **total credits.** **34**

36 Subtract line 35 from line 26. If line 35 is more than line 26, enter -0- **35**  
37 Advance earned income credit payments from Form(s) W-2. **36 12,181.**  
38 Add lines 36 and 37. This is your **total tax.** **37**

39 Federal income tax withheld from Forms W-2 and 1099. **38 12,181.**  
40 2004 estimated tax payments and amount applied from 2003 return. **39 17,295.**

41a **Earned income credit (EIC).** **40**  
b Nontaxable combat pay election. **41b 41a**  
42 Additional child tax credit. Attach Form 8812. **42**

43 Add lines 39, 40, 41a & 42. These are your **total payments.** **43 17,295.**  
44 If line 43 is more than line 38, subtract line 38 from line 43. This is the amount you **overpaid.**

45a Amount of line 44 you want **refunded to you.** **44 5,114.**  
b Routing number **071002053** **45a 5,114.**  
c Type: ☒ Checking ☐ Savings

d Account number **10877980146785442**  
46 Amount of line 44 you want **applied to your 2005 estimated tax.** **46**

47 Amount you owe. Subtract line 43 from line 38. For details on how to pay, see page 51. **47**  
48 Estimated tax penalty (see page 51). **48**

Do you want to allow another person to discuss this return with the IRS (see page 52)? ☒ Yes. Complete the following. ☐ No  
Designee's name **HR BLOCK** Phone no. **(512) 454-4657** Personal ID number **40968**

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and accurately list all amounts and sources of income I received during the tax year. Declaration of preparer (other than the taxpayer) is based on all information of which the preparer has any knowledge.

Your signature **For Info Only-Do not file** Date **3/5/2005** Your occupation **NURSE** Daytime phone number **Preparer's signature** **For Info Only-Do not file** Date **3/5/2005** Spouse's occupation **Preparer's SSN or PTIN** **P00336481**

Firm's name (or yours if self-employed), address, and ZIP code **AND R BLOCK AUSTIN, TX 78759** Check if self-employed ☐ EIN **75-2617634** Phone no. **(512) 346-1413**

2004

Form  
**1040A**Department of the Treasury - Internal Revenue Service  
**U.S. Individual Income Tax Return**

(99)

Page 42 of 49  
**2005**

IRS Use Only - Do not write or staple in this space.

**Label**

(See page 18.)

Use the  
IRS label.  
Otherwise,  
please print  
or type.NONETTE N NOVAL  
10430 MORADO CIR APT. 2313  
AUSTIN, TX 78759

OMB No. 1545-0074

Your social security number  
**146-78-5442**

Spouse's social security number

You must enter  
▲ your SSN(s) above. ▲Checking a box below will not  
change your tax or refund.**Presidential  
Election Campaign**

Check here if you, or your spouse if filing jointly, want \$3 to go to this fund (see page 18).

You ☐ Spouse ☐**Filing  
status**1 ☐ Single  
2 ☐ Married filing jointly (even if only one had income)4 ☒ Head of household (with qualifying person). (See page 19.)Check only  
one box.3 ☐ Married filing separately. Enter spouse's SSN above & full name below.If the qualifying person is a child but not your dependent, enter this  
child's name here. ▶**Exemptions**6a ☒ Yourself. If someone can claim you as a dependent, do not check  
box 6a.b ☐ Spouse

c Dependents:

(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> if qual. child for child tax cr. (see pg 21)
MAISA	NOVAL	620-20-1625	DAUGHTER	

If more than six  
dependents,  
see page 21.Boxes  
checked on  
6a and 6b **1**No. of children  
on 6c who:• lived with  
you• did not live  
with you due  
to divorce or  
separation  
(see page 22)• did not live  
with you due  
to divorce or  
separation  
(see page 22)• did not live  
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with you due  
to divorce or  
separation  
(see page 22)

d Total number of exemptions claimed

Add numbers  
on lines  
above ▶ **2****Income**

7 Wages, salaries, tips, etc. Attach Form(s) W-2.

7 **54,364.**Attach  
Form(s) W-2  
here. Also  
attach  
Form(s)  
1099-R if tax  
was withheld.

8a Taxable interest. Attach Schedule 1 if required.

b Tax-exempt interest. Do not include on line 8a.

9a Ordinary dividends. Attach Schedule 1 if required.

b Qualified dividends (see page 25).

10 Capital gain distributions (see page 25).

11a IRA

distributions. 11a

11b Taxable amount

(see page 25).

12a Pensions and

annuities. 12a

12b Taxable amount

(see page 26).

13 Unemployment compensation &amp; Alaska Permanent Fund dividends.

14a Social security

benefits. 14a

14b Taxable amount

(see page 28).

15 Add lines 7 through 14b (far right column). This is your total income.

15 **54,364.****Adjusted  
gross  
income**

16 Educator expenses (see page 28).

17 IRA deduction (see page 28).

18 Student loan interest deduction (see page 31).

19 Tuition and fees deduction (see page 32).

20 Add lines 16 through 19. These are your total adjustments.

20

21 Subtract line 20 from line 15. This is your adjusted gross income.

21 **54,364.**

KBA For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see page 58.

Form 1040A (2005)

Form 1040A (2005) **NONETTE N NOVAL**

Page 43 of 49

**Tax, credits, and payments****Standard Deduction for —**

• People who checked any box on line 23a or 23b or who can be claimed as a dependent, see page 32.

• All others:  
Single or Married filing separately, \$5,000  
Married filing jointly or Qualifying widow(er), \$10,000  
Head of household, \$7,300

22	Enter the amount from line 21 (adjusted gross income).	22	146-78-5442 Page 2
23a	Check <input type="checkbox"/> You were born before January 2, 1941, <input type="checkbox"/> Blind <input type="checkbox"/> Total boxes checked <input type="checkbox"/> 23a	23a	54,364
b	If you are married filing separately and your spouse itemizes deductions, see page 32 and check here <input type="checkbox"/> 23b	23b	
24	Enter your standard deduction (see left margin).	24	7,300
25	Subtract line 24 from line 22. If line 24 is more than line 22, enter -0-	25	47,064
26	If line 22 is \$109,475 or you provided housing to a person displaced by Hurricane Katrina, see page 33. Otherwise, multiply \$3,000 by the total number of exemptions claimed on line 6d.	26	6,400
27	Subtract line 26 from line 25. If line 26 is more than line 25, enter -0-. This is your <b>taxable income</b> .	27	40,664
28	Tax, including any alternative minimum tax (see page 34).	28	5,666
29	Credit for child and dependent care expenses. Attach Schedule 2.	29	
30	Credit for the elderly or the disabled. Attach Schedule 3.	30	
31	Education credits. Attach Form 8863.	31	
32	Retirement savings contributions credit. Attach Form 8880.	32	
33	Child tax credit (see page 38). Attach Form 8901 if required.	33	
34	Adoption credit. Attach Form 8839.	34	
35	Add lines 29 through 34. These are your <b>total credits</b> .	35	
36	Subtract line 35 from line 28. If line 35 is more than line 28, enter -0-	36	5,666
37	Advance earned income credit payments from Form(s) W-2.	37	
38	Add lines 36 and 37. This is your <b>total tax</b> .	38	5,666
39	Federal income tax withheld from Forms W-2 and 1099.	39	9,765
40	2005 estimated tax payments and amount applied from 2004 return.	40	
41a	Earned income credit (EIC).	41a	
b	Nontaxable combat pay election.	41b	
42	Additional child tax credit. Attach Form 8812.	42	
43	Add lines 39, 40, 41a, and 42. These are your <b>total payments</b> .	43	9,765
44	If line 43 is more than line 38, subtract line 38 from line 43. This is the amount you <b>overpaid</b> .	44	4,099
45a	Amount of line 44 you want refunded to you.	45a	4,099
b	Routing number <b>071002053</b>	c	Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings
d	Account number <b>10877980146785442</b>		
46	Amount of line 44 you want applied to your <b>2006 estimated tax</b> .	46	
47	Amount you owe. Subtract line 43 from line 38. For details on how to pay, see page 54.	47	
48	Estimated tax penalty (see page 54).	48	
Third party designee	Do you want to allow another person to discuss this return with the IRS (see page 55)? <input checked="" type="checkbox"/> Yes. Complete the following. <input type="checkbox"/> No		
	Designee's name <b>HR BLOCK</b>	Phone no. <b>(512) 454-4657</b>	Personal ID number <b>(PIN) 40968</b>
Sign here	Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and accurately list all amounts and sources of income I received during the tax year. Declaration of preparer (other than the taxpayer) is based on all information of which the preparer has any knowledge.		
Joint return? See page 18. Keep a copy for your records.	Your signature <b>For Info Only-Do not file</b>	Date	Your occupation <b>NURSE</b> Daytime phone number
	Spouse's signature. If a joint return, both must sign. <b>For Info Only-Do not file</b>	Date	Spouse's occupation
Paid preparer's use only	Preparer's signature <b>M. Delamp</b>	Date <b>2/10/2006</b>	Check if self-employed <input type="checkbox"/> Preparer's SSN or PTIN <b>P00375810</b>
	Firm's name (or yours if self-employed), address, and ZIP code <b>H AND R BLOCK AUSTIN, TX 78759</b>	EIN <b>75-2617634</b>	Phone no. <b>(512) 346-1413</b>

Label Case 03

Use the IRS label. Otherwise, please print or type.

NONETTE N NOVAL  
1444 S AUSTIN APT. 2F  
CICERO, IL 60804

Spouse's Social Security Number

Presidential

Election Campaign

Check here if you, or your spouse if filing jointly, want \$3 to go to this fund (see page 16)

You MUST enter your SSN(s) above. Checking a box below will not change your tax or refund.

Filing Status

1 ☒ Single  
2 ☐ Married filing jointly (even if only one had income)  
3 ☐ Married filing separately. Enter spouse's SSN above & full name below.  
4 ☐ Head of household (with qualifying person). (See page 17.)  
5 ☐ Qualifying widow(er) with dependent child (see page 17)

Exemptions

6a ☒ Yourself. If someone can claim you as a dependent, do not check box 6a.  
b ☐ Spouse

If more than four dependents, see page 19.

c Dependents:  
(1) First name Last name (2) Dependent's social security number (3) Dependent's relationship to you (4) ☒ if qual child for child tax cr.  
• lived with you  
• did not live with you due to divorce or separation  
Dependents on 6c not entered above  
Add numbers on lines above

d Total number of exemptions claimed

Income

Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.

If you did not get a W-2, see page 23.

Enclose, but do not attach, any payment. Also, please use Form 1040-V.

7 Wages, salaries, tips, etc. Attach Form(s) W-2. 7 41,351.  
8a Taxable interest. Attach Schedule B if required. 8a  
b Tax-exempt interest. Do not include on line 8a. 8b  
9a Ordinary dividends. Attach Schedule B if required. 9a  
b Qualified dividends (see page 23). 9b  
10 Taxable refunds, credits, or offsets of state and local income taxes (see page 24). 10  
11 Alimony received 11  
12 Business income or (loss). Attach Schedule C or C-EZ. 12  
13 Capital gain/(loss). Attach Sch D. If not required check here. 13  
14 Other gains or (losses). Attach Form 4797. 14  
15a IRA distributions. 15a b Taxable amt. 15b 15,550.  
16a Pensions and annuities. 16a b Taxable amt. 16b  
17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E. 17  
18 Farm income or (loss). Attach Schedule F. 18  
19 Unemployment compensation. 19  
20a Social security benefits. 20a b Taxable amt. 20b  
21 Other income. List type and amount (see page 29) GAMBLING 17,100. 21 17,100.

Adjusted Gross Income

22 Add the amounts in the far right column for lines 7 through 21. This is your total income. 22 74,001.  
23 Archer MSA deduction. Attach Form 8853. 23  
24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ. 24  
25 Health savings account deduction. Attach Form 8889. 25  
26 Moving expenses. Attach Form 3903. 26  
27 One-half of self-employment tax. Attach Schedule SE. 27  
28 Self-employed SEP, SIMPLE, and qualified plans. 28  
29 Self-employed health insurance deduction (see page 29). 29  
30 Penalty on early withdrawal of savings. 30  
31a Alimony paid. b Recipient's SSN. 31a  
32 IRA deduction (see page 31). 32  
33 Student loan interest deduction (see page 33). 33  
34 Jury duty pay you gave to your employer. 34  
35 Domestic production activities deduction. Attach Form 8903. 35  
36 Add lines 23 through 31a and 32 through 35. 36  
37 Subtract line 36 from line 22. This is your adjusted gross income. 37 74,001.

KBA For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see page 80.

**Standard Deduction for -**

• People who checked any box on line 39a or 39b or who can be claimed as a dependent, see page 34.

• All others:

Single or Married filing separately, \$5,150

Married filing jointly or Qualifying widow(er), \$10,300

Head of household, \$7,550

40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	18,208.
41	Subtract line 40 from line 38	41	55,793.
42	If line 38 is over \$112,875, or you provided housing to a person displaced by Hurricane Katrina, see page 36. Otherwise, multiply \$3,300 by the total number of exemptions claimed on line 6d	42	3,300.
43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	52,493.
44	Tax. Check if any tax is from: <input type="checkbox"/> Form(s) 9814 <input type="checkbox"/> Form 4872	44	9,676.
45	Alternative minimum tax (see page 39). Attach Form 6251	45	
46	Add lines 44 and 45	46	9,676.
47	Foreign tax credit. Attach Form 1116 if required	47	
48	Credit for child and dependent care expenses. Attach Form 2441	48	
49	Credit for the elderly or the disabled. Attach Schedule R	49	
50	Education credits. Attach Form 8863	50	
51	Retirement savings contributions credit. Attach Form 8880	51	
52	Residential energy credits. Attach Form 5695	52	
53	Child tax credit (see page 42). Attach Form 8901 if required	53	
54	Credits from: <input type="checkbox"/> Form 8396 <input type="checkbox"/> Form 8839 <input type="checkbox"/> Form 8859	54	
55	Other credits: <input type="checkbox"/> Form 3800 <input type="checkbox"/> Form 3801 <input type="checkbox"/> Form 3802	55	
56	Add lines 47 through 55. These are your total credits	56	
57	Subtract line 56 from line 46. If line 56 is more than line 46, enter -0-	57	9,676.
58	Self-employment tax. Attach Schedule SE	58	
59	Social security and Medicare tax on tip income not reported to employer. Attach Form 4137	59	
60	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	60	1,555.
61	Advance earned income credit payments from Form(s) W-2, box 9	61	
62	Household employment taxes. Attach Schedule H	62	
63	Add lines 57 through 62. This is your total tax	63	11,231.
64	Federal income tax withheld from Forms W-2 and 1099	64	10,326.
65	2006 estimated tax payments and amount applied from 2005 return	65	
66a	Earned income credit (EIC)	66a	
66b	Nontaxable combat pay election. <input type="checkbox"/> 66b	66b	
67	Excess social security and tier 1 RRTA tax withheld (see page 60)	67	
68	Additional child tax credit. Attach Form 8812	68	
69	Amount paid with request for extension to file (see page 60)	69	
70	Payments from: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Form 8885	70	
71	Credit for federal telephone excise tax paid. Attach Form 8913 if required	71	30.
72	Add lines 64, 65, 66a, & 67 through 71. These are your total payments	72	10,356.
73	If line 72 is more than line 63, subtract line 63 from line 72. This is the amount you overpaid	73	
74a	Amount of line 73 you want refunded to you. If Form 8888 is attached, check here <input type="checkbox"/>	74a	
74b	Routing number	74b	
74c	Account number	74c	
74d	Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	74d	
75	Amount of line 73 you want applied to your 2007 estimated tax	75	
76	Amount you owe. Subtract line 72 from line 63. For details on how to pay, see page 62	76	875.
77	Estimated tax penalty (see page 62)	77	

**Other Taxes**

**Payments**

If you have a qualifying child, attach Schedule EIC.

**Refund**

Direct deposit? See page 61 and fill in 74b, 74c, and 74d, or Form 8888

**Amount**

**You Owe**

**Third Party Designee**

Do you want to allow another person to discuss this return with the IRS (see page 63)? ☒ Yes. Complete the following. ☐ No

Designee's name **HR BLOCK** Phone no. **(708) 771-1400** Personal ID number (PIN) **12528**

**Sign Here**

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature	Date	Your occupation	Daytime phone number
<b>For Info Only-Do not file</b>		<b>NURSE</b>	
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	
<b>For Info Only-Do not file</b>			

**Paid**

**Preparer's**

**Use Only**

Preparer's signature **H AND R BLOCK ENTERPRISES INC** Date **4/13/2007** Check if self-employed ☐ Preparer's SSN or PTIN **43-1862223**

Firm's name (or yours if self-employed), address, and ZIP code **BERWYN, IL 60402** Phone no. **(708) 484-9901**

Certificate Number: 00437-ILN-CC-004622415

### **CERTIFICATE OF COUNSELING**

I CERTIFY that on August 7, 2008, at 9:26 o'clock AM MDT,

Nonette Noval received from

Black Hills Children's Ranch, Inc.,

an agency approved pursuant to 11 U.S.C. § 111 to provide credit counseling in the

Northern District of Illinois, an individual [or group] briefing that complied

with the provisions of 11 U.S.C. §§ 109(h) and 111.

A debt repayment plan was not prepared. If a debt repayment plan was prepared, a copy of the debt repayment plan is attached to this certificate.

This counseling session was conducted by internet and telephone.

Date: August 7, 2008

By /s/Bruce Wiens

Name Bruce Wiens

Title Credit Counselor

\* Individuals who wish to file a bankruptcy case under title 11 of the United States Bankruptcy Code are required to file with the United States Bankruptcy Court a completed certificate of counseling from the nonprofit budget and credit counseling agency that provided the individual the counseling services and a copy of the debt repayment plan, if any, developed through the credit counseling agency. See 11 U.S.C. §§ 109(h) and 521(b).

IN RE:

Case No. \_\_\_\_\_

Noval, Nonette N

Debtor(s)

Chapter 13

**DECLARATION REGARDING ELECTRONIC FILING**

Signed by Debtor(s) or Corporate Representative

**To Be Used When Filing over the Internet**

**PART I - DECLARATION OF PETITIONER**

Date: 8/6/08

A. To be completed in all cases.

I (We) Nonette N Noval and \_\_\_\_\_, the undersigned debtor(s), corporate officer, partner, or member, hereby declare under penalty of perjury that the information I(we) have given my (our) attorney, including correct social security number(s) and the information provided in the electronically filed petition, statements, schedules, and if applicable, application to pay filing fee in installments, is true and correct. I(we) consent to my(our) attorney sending the petition, statements, schedules, and this DECLARATION to the United States Bankruptcy Court. I(we) understand that this DECLARATION must be filed with the Clerk in addition to the petition. I(we) understand that failure to file this DECLARATION will cause this case to be dismissed pursuant to 11 U.S.C. sections 707(a) and 105.

B. To be checked and applicable only if the petitioner is an individual (or individuals) whose debts are primarily consumer debts and who has (or have) chosen to file under chapter 7.

- ☐ I(we) am(are) aware that I(we) may proceed under chapter 7, 11, 12, or 13 of Title 11 United States Code; I(we) understand the relief available under each such chapter; I(we) choose to proceed under chapter 7; and I(we) request relief in accordance with chapter 7.

C. To be checked and applicable only if the petition is a corporation, partnership, or limited liability entity.

- ☐ I declare under penalty of perjury that the information provided in this petition is true and correct and that I have been authorized to file this petition on behalf of the debtor. The debtor requests relief in accordance with the chapter specified in the petition.

Signature: Nonette N. Noval  
(Debtor or Corporate Officer, Partner or Member)

Signature: \_\_\_\_\_  
(Joint Debtor)

## UNITED STATES BANKRUPTCY COURT

**NOTICE TO INDIVIDUAL CONSUMER DEBTOR UNDER § 342(b)  
OF THE BANKRUPTCY CODE**

---

In accordance with § 342(b) of the Bankruptcy Code, this notice: (1) Describes briefly the services available from credit counseling services; (2) Describes briefly the purposes, benefits and costs of the four types of bankruptcy proceedings you may commence; and (3) Informs you about bankruptcy crimes and notifies you that the Attorney General may examine all information you supply in connection with a bankruptcy case. You are cautioned that bankruptcy law is complicated and not easily described. Thus, you may wish to seek the advice of an attorney to learn of your rights and responsibilities should you decide to file a petition. Court employees cannot give you legal advice.

---

### **1. Services Available from Credit Counseling Agencies**

**With limited exceptions, § 109(h) of the Bankruptcy Code requires that all individual debtors who file for bankruptcy relief on or after October 17, 2005, receive a briefing that outlines the available opportunities for credit counseling and provides assistance in performing a budget analysis.** The briefing must be given within 180 days **before** the bankruptcy filing. The briefing may be provided individually or in a group (including briefings conducted by telephone or on the Internet) and must be provided by a nonprofit budget and credit counseling agency approved by the United States trustee or bankruptcy administrator. The clerk of the bankruptcy court has a list that you may consult of the approved budget and credit counseling agencies.

**In addition, after filing a bankruptcy case, an individual debtor generally must complete a financial management instructional course before he or she can receive a discharge.** The clerk also has a list of approved financial management instructional courses.

### **2. The Four Chapters of the Bankruptcy Code Available to Individual Consumer Debtors**

#### **Chapter 7: Liquidation (\$245 filing fee, \$39 administrative fee, \$15 trustee surcharge: Total fee \$299)**

1. Chapter 7 is designed for debtors in financial difficulty who do not have the ability to pay their existing debts. Debtors whose debts are primarily consumer debts are subject to a “means test” designed to determine whether the case should be permitted to proceed under chapter 7. If your income is greater than the median income for your state of residence and family size, in some cases, creditors have the right to file a motion requesting that the court dismiss your case under § 707(b) of the Code. It is up to the court to decide whether the case should be dismissed.

2. Under chapter 7, you may claim certain of your property as exempt under governing law. A trustee may have the right to take possession of and sell the remaining property that is not exempt and use the sale proceeds to pay your creditors.

3. The purpose of filing a chapter 7 case is to obtain a discharge of your existing debts. If, however, you are found to have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge and, if it does, the purpose for which you filed the bankruptcy petition will be defeated.

4. Even if you receive a general discharge, some particular debts are not discharged under the law. Therefore, you may still be responsible for most taxes and student loans; debts incurred to pay nondischargeable taxes; domestic support and property settlement obligations; most fines, penalties, forfeitures, and criminal restitution obligations; certain debts which are not properly listed in your bankruptcy papers; and debts for death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs. Also, if a creditor can prove that a debt arose from fraud, breach of fiduciary duty, or theft, or from a willful and malicious injury, the bankruptcy court may determine that the debt is not discharged.

#### **Chapter 13: Repayment of All or Part of the Debts of an Individual with Regular Income (\$235 filing fee, \$39 administrative fee: Total fee \$274)**

1. Chapter 13 is designed for individuals with regular income who would like to pay all or part of their debts in instalments over a period of time. You are only eligible for chapter 13 if your debts do not exceed certain dollar amounts set forth in the Bankruptcy Code.

2. Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them,



using your future earnings. The period allowed by the court to repay your debts may be three years or five years, depending upon your income and other factors. The court must approve your plan before it can take effect.

3. After completing the payments under your plan, your debts are generally discharged except for domestic support obligations; most student loans; certain taxes; most criminal fines and restitution obligations; certain debts which are not properly listed in your bankruptcy papers; certain debts for acts that caused death or personal injury; and certain long term secured obligations.

### **Chapter 11: Reorganization (\$1000 filing fee, \$39 administrative fee: Total fee \$1039)**

Chapter 11 is designed for the reorganization of a business but is also available to consumer debtors. Its provisions are quite complicated, and any decision by an individual to file a chapter 11 petition should be reviewed with an attorney.

### **Chapter 12: Family Farmer or Fisherman (\$200 filing fee, \$39 administrative fee: Total fee \$239)**

Chapter 12 is designed to permit family farmers and fishermen to repay their debts over a period of time from future earnings and is similar to chapter 13. The eligibility requirements are restrictive, limiting its use to those whose income arises primarily from a family-owned farm or commercial fishing operation.

### **3. Bankruptcy Crimes and Availability of Bankruptcy Papers to Law Enforcement Officials**

A person who knowingly and fraudulently conceals assets or makes a false oath or statement under penalty of perjury, either orally or in writing, in connection with a bankruptcy case is subject to a fine, imprisonment, or both. All information supplied by a debtor in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the United States Trustee, the Office of the United States Attorney, and other components and employees of the Department of Justice.

**WARNING:** Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information regarding your creditors, assets, liabilities, income, expenses and general financial condition. Your bankruptcy case may be dismissed if this information is not filed with the court within the time deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

### **Certificate of [Non-Attorney] Bankruptcy Petition Preparer**

I, the [non-attorney] bankruptcy petition preparer signing the debtor's petition, hereby certify that I delivered to the debtor this notice required by § 342(b) of the Bankruptcy Code.

\_\_\_\_\_  
Printed Name and title, if any, of Bankruptcy Petition Preparer  
Address:

\_\_\_\_\_  
Social Security number (If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person, or partner of the bankruptcy petition preparer.)  
(Required by 11 U.S.C. § 110.)

**X** \_\_\_\_\_

Signature of Bankruptcy Petition Preparer of officer, principal, responsible person, or partner whose Social Security number is provided above.

### **Certificate of the Debtor**

I (We), the debtor(s), affirm that I (we) have received and read this notice.

**Noval, Nonette N**

Printed Name(s) of Debtor(s)

**X /s/ Nonette N Noval**

Signature of Debtor

**9/11/2008**

Date

Case No. (if known) \_\_\_\_\_

**X** \_\_\_\_\_

Signature of Joint Debtor (if any)

Date